FIRST ANNUAL REPORT

OF THE

MIDWIFERY DISPENSARY,

312 BROOME STREET,

NEW YORK CITY.

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NEW YORK:
PUSEY & TROXELL, Printers, 1398 Broadway.

1891.

FIRST ANNUAL REPORT

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MIDWIFERY DISPENSARY.

Professor Parvin, in a plea for practical obstetrical teaching, read before the American Academy of Medicine two years ago, after commending the general excellence of the instruction given in the *science* of obstetrics at our institutions of medical teaching, asked this question : "But is the *art* of obstetrics well taught in our medical schools ?" The professor went on and answered his own question as follows : "Nay, verily ; in the majority it is not taught at all . . . So far as the school is concerned, the vast majority of American medical students graduate without ever having witnessed, still less had charge of, a case of labor." And such is the lamentable fact ; text-books and didactic lectures have been the sole source of the obstetric knowledge of most medical men at the time they receive their licenses to practice on any unsuspecting woman who will trust them.

In European countries, this state of affairs has long since been done away with, and every student of medicine is required to have personally attended a number of women in confinement, before he can come up for his final examination. In Great Britain, the various royal colleges of physicians or of surgeons require their licentiates to attend personally from six to twenty cases of labor in dispensary service before they are admitted to practice ; in addition, a three months' service in a midwifery hospital is often demanded. In Germany, it is required by law that every candidate for the state examination shall have attended at least four cases of midwifery ; and other continental countries make similar demands from medical students. In a table of requirements of American medical colleges, published by the Journal of the American Medical Association, seventy-two colleges out of one hundred and twelve answer *yes* to the question : "Is each student required to practice on

the manikin or living subject, or both, in obstetrical diagnosis and treatment?" And forty answer *no*, or nothing. A mere affirmation, however, to the above question, without the addition of details, does not necessarily mean that the student benefits much from his course, for what medical man cannot recall, from his own student experience, many unfulfilled promises made annually, with much *éclat*, in the catalogue of his alma mater.

It is scarcely necessary to speak, nowadays, of the advisability of practical obstetric teaching. This question has been argued and various plans have been presented by Parvin, by Richardson, and others. There are two principal ways of gathering the material necessary for the purpose of instruction: *first*, the hospital plan, *i.e.*, to maintain a maternity ward or hospital, as is advocated and done by Professor Parvin in the Jefferson Medical Hospital; and *second*, the dispensary plan, *i.e.*, to attend the poor in their own houses, as is done by Professor Richardson in Boston, where enough patients are treated to give each candidate for graduation at the Harvard Medical School at least six cases of labor. Each method has certain advantages over the other. In a properly conducted hospital the patients will receive better food and will be surrounded by better hygienic conditions than is often possible in their own homes. In a hospital the patients are completely under the control of the physician, and, finally, there will be no great loss of time on the students' part, in making visits from street to street. On the other hand, in a dispensary, in a large city, the number of patients is practically unlimited. A dispensary can avoid the epidemics of septic infection that, even in this day of aseptic midwifery, at times break out in the best of institutions. Complete isolation of fever patients, so far as other parturients are concerned, is possible in a hospital only when the institution is provided with suitable pavilions, while under the dispensary system it is a very easy matter. In a dispensary service the student becomes familiar with the inconveniences of a private house and does not, therefore, become tied to a hospital routine. The danger of his becoming too strictly a self-taught obstetrician can be obviated by providing a sufficient number of instructors and supervisors, and is not necessarily inherent in the dispensary system. Both plans can be worked to-

gether without mutual interference as to patients, for maternities recruit their patients largely from unmarried primiparæ, and a dispensary deals almost entirely with women who have a household to look after and who cannot afford the time necessary to lie in for ten days at any institution and leave their children to the care of strangers. To the student a combination service is also valuable, and is required in several of the European universities.

From a charitable point of view there is a need for both, for the average American midwife, by whom most cases suitable for dispensary treatment would otherwise be cared for, is a careless, ignorant, dirty woman, whose training has been handed down to her by the various women, trained in a similar manner, who delivered her of her six or eight children. The number of cases of puerperal septicæmia in this class of practice in New York City is criminally high, and the records of Bellevue Hospital show a number of neglected post-partum cases admitted to that institution in an almost hopeless condition. Of twenty-eight cases on the record books of the hospital as admitted during 1890, sixteen were cured, three improved, one not improved, one transferred, and seven died—twenty-five per cent. deaths.

From a financial standpoint it is desirable to treat as many women as possible on the dispensary rather than on the maternity plan. It cost the Midwifery Dispensary $7.48 for each of the 199 patients treated in 1890, and for a very slight increase in the expenses four times as many women could have been treated. A dispensary can be conducted so as to care for 800 women annually, at a cost of less than $10.00 for each patient. Maternity hospitals are required to furnish food and lodging for their patients, and the necessary expenses are thereby increased beyond those of a dispensary service.

As to results obtained, so far as the dispensary plan proves anything it proves that fewer women die when treated in their own squalid, ill-ventilated houses and nourished by the coarsest of food, than when inmates of the best equipped and best managed lying-in hospital in the world. In Boston, where the out-patient department of the Lying-in Hospital has been running since 1885, one thousand cases have been confined with a single death ; more than eight hundred consecutive cases without a fatal issue.

In the report of the Guy's Hospital Lying-in Charity of London for the ten years ending in 1885, out of 25,489 cases treated in their homes there were eighty-six deaths, or one in 296 cases. What maternity can say as much?

It is impossible to carry on a dispensary system of any size without the aid of many assistants. On the Continent this want is filled by the midwives, who are as a rule better trained in obstetrics than the vast majority of the recipients of American medical diplomas. In London the medical student does this work, and in Boston and Philadelphia the dispensary system has grown up as an instrument of instruction connected with the obstetric chairs of Harvard and of Jefferson Medical Schools.

In New York City there are 39,000 births annually. Of these, at the highest estimate, 30,000 are cared for by private physicians and 4,000 are confined in the various lying-in institutions. There remain at least 5,000 women who, up to the present time, have been left to the tender mercies of unskilled midwives and who need the care of some thorough system of scientific and aseptic midwifery.

To help this neglected class of women and to furnish better instruction in obstetrics to medical students, the Midwifery Dispensary was started. A site was chosen in the center of the most densely populated district of the city at 312 Broome Street. An ordinary but new ground-floor tenement was hired and fitted up as offices, work-rooms, living-rooms and bed-rooms for students. The accommodations are sufficient for a resident physician, his assistant, and seven students. The dispensary is governed by a medical board, consisting of four consulting and four attending physicians.

To demonstrate more clearly the working plan of the Dispensary, the following regulations for the government of the officers of the Dispensary are inserted:

Rules for the Attending Physicians.

1.—The Attending Physicians shall serve in regular rotation for periods of two weeks—the first week as Regular Attending, the second week as Septic Attending. The week shall be considered as beginning and terminating on Saturdays at twelve o'clock noon.

2.—(*a*) The Attending Physician on regular duty shall visit the Dispensary daily, and shall sign the attendance book, stating hour of arrival and departure. On Saturdays the Attending Physician going on duty shall make the visit for that day.

(*b*) He shall daily inspect the rooms and apparatus of the Dispensary, and shall receive a report of the past twenty-four hours from the Resident Physician.

(*c*) He shall visit any case presenting a complication, in company with the Resident Physician or the Assistant having charge of such case.

(*d*) He shall inspect and correct the written histories, and shall sign with his initials the daily notes made by the Assistants.

(*e*) He shall oversee the instruction given to the Assistants, and shall personally do as much of this instruction as he may deem necessary.

(*f*) He shall determine when the Septic Attending shall be called, and what cases it is necessary to refer to him.

3.—(*a*) The Attending Physician on Septic duty shall not be required to visit the dispensary unless specially notified by the Regular Attending Physician.

(*b*) He shall take personal charge of all cases presenting any symptoms of Septic infection.

(*c*) He shall be assisted in his work by some Assistant isolated from normal cases by the Resident Physician.

4.—Any Attending Physician may retain any case of operation of especial interest after his week of service is over and not transfer the same to his successor; and any case once operated on by an Attending Physician must always be referred to that same Physician for operation, if it be required in subsequent labors.

5.—All Attending Physicians must be present at the executive meeting of the Attending Staff, held every Saturday at the Dispensary, at three P.M.

6.—The Attending Physician next on the list shall take the service of the Attending Physician on regular duty, whenever the latter is incapacitated from serving by illness or from other cause.

Rules for the Resident Physician.

1.—He shall be a regular graduate in medicine and shall be appointed for a period of six months, receiving a salary of one hundred dollars per month, payable upon the last day of each month.

2.—He shall reside at the Dispensary, and shall board in the neighborhood at his own expense.

3.—He shall not be absent at the usual hours of attendance of the Attending Physician, unless in the service of the Dispensary. He shall hold office hours from 10 A.M. to 12 M., for the purpose of receiving applications and the reports of the Assistants. Whenever he intends to leave the premises, he shall state in writing where he may be found, always placing the Assistant Resident Physician in charge during his absence, unless both should be occupied in the service of the Dispensary, when he may temporarily place an assistant in charge. He shall not leave the city without the consent of the Attending Physician, and he shall never sleep out of the house.

4.—He shall attend to no other business than that of the Dispensary, nor shall he engage in private practice for his own account.

5.—He shall have charge of all instruments, apparatus, and furniture belonging to the Dispensary, and shall be responsible for them and their good order. He shall keep catalogues of them, and shall never suffer them to be loaned or used outside the service of the Dispensary. He shall, on retiring, furnish to his successor an inventory of all instruments, apparatus, and furniture belonging to the Dispensary, which inventory shall be countersigned by his successor and exhibited to the Executive Committee, under whose direction it shall be kept on file.

6.—He shall instruct each Assistant at the bedside, on the occasion of said Assistant's first ante-partum visit, first post-partum visit, and first labor; and he or the Assistant Resident Physician shall act as Assistant to each Assistant at his second labor.

7.—He shall each morning assign each Assistant the work to be done by him that day, and he shall always hold the Assistant responsible for the proper performance of the work assigned to him.

8.—In any case requiring operative interference, or of any abnormal position or presentation, he shall immediately summon the Attending Physician on duty, in the mean time doing only that which he deems absolutely necessary for the safety of the mother or child.

9.—He shall daily review and correct the records taken by the Assistants and shall exhibit them to the Attending Physician at his daily visit.

10.—He shall, upon the discharge of any patient, immediately record the details of the history, in the Statistics book provided for the purpose, the history being then filed away for binding.

11.—(*a*) He shall personally record, in the book provided for the purpose, all applications, the name, address, probable date of confinement, date of discharge, with the name of the Assistant who made the first visit and the name of the person who was actually in charge of the confinement, with such other notes as may be called for.

(*b*) He shall also receive applicants for the position of Assistants, showing them the rules and regulations which they must sign, and shall receive the required fees before delivering the tickets entitling them to reside at and receive the instruction of the Dispensary, reporting such application to the Attending Physician on duty, at his next visit.

(*c*) He shall keep an account of all moneys received and expended by him in the business of the Dispensary, and shall present this report to the Executive Committee at their regular weekly meeting, together with all the official records of the Dispensary.

(*d*) He shall endeavor to collect from every patient a fee commensurate with the surroundings and income of the patient or her husband.

12.—He shall fill out and sign the necessary birth certificates and forward them to the Board of Health, as required by law.

Rules for the Assistant Resident Physician.

1.—He shall be a regular graduate in medicine, and shall be appointed for a period of six months, at a salary of fifty dollars a month, payable upon the last day of each month.

2.—He shall reside at the Dispensary, and shall board in the neighborhood at his own expense.

3.—He shall attend to no other business than that of the Dispensary, nor shall he engage in private practice for his own account.

4.—He shall be under the direction of the Resident Physician, assisting him in the instruction of the Assistants and visiting such cases as he may direct.

5.—In the absence of the Resident Physician, he shall assume all the duties and responsibilities of the latter.

The work of the Dispensary may be viewed from two standpoints: the charitable and the instructive. What the institution does as a charity can be briefly summed up thus: It furnishes to women, without regard to creed or race, at their own homes, the same careful medical attendance before, during, and after confinement, that the well-to-do demand without question. If a woman apply for treatment in an early month of her pregnancy, she is periodically visited and all possible complications of pregnancy looked for and guarded against. When labor sets in, she is treated in a thorough aseptic manner, and for ten days post-partum she is visited daily, for five days twice daily, and the most careful notes are kept of her daily condition. If at the expiration of this time the patient has not entirely recovered, she is kept under observation until in a condition to warrant her discharge. Many timely objections have recently been raised concerning indiscriminate medical alms-giving, and it is well to state here the fact, that any patient, whose income warrants it, is expected to pay a fee commensurate with that income and with the services rendered; but the destitute and very poor get the same treatment free.

As an educational institution, the Dispensary offers medical men and students the following course of instruction in midwifery. Any student or graduate who becomes an assistant at the Dispensary signs and is governed by these rules:

Rules for the Assistants.

1.—Each Assistant shall, before going on duty, pay to the Resident Physician the prescribed fee, and will in return receive a card which will entitle him to reside at the Dispensary and receive the regular instruction for the period of two weeks, or until he has been present at three cases of labor. (Students or graduates wishing to remain a longer or a shorter period of time will be allowed to make special contracts, subject to the approval of the Executive Committee.)

2.—Any Assistant wishing to leave the Dispensary before his allotted term of service has expired, must notify the Attending Physician on duty at least forty-eight hours before leaving, in order that a substitute may be provided.

3.—Any Assistant may be denied the use of the Dispensary at the discretion of the Attending Physician.

4.—All Assistants shall be under the direct control of the Resident Physician, in all particulars pertaining to the work of the Dispensary.

5.—No Assistant shall remain away from the Dispensary all night, except in the discharge of his duty. He shall board at his own expense in the neighborhood, always reporting to the Resident Physician or his Assistant before leaving for and on returning from his meals.

6.—Assistants shall be assigned cases in turn, and once assigned shall not be transferred. If the Assistant on turn be out on the duty of the Dispensary and a case come in, he shall lose the case but not his turn; but if he be absent on his own pleasure, he shall lose both the case and his turn. A case thus transferred goes to the Assistant next on the list who may be in the house.

7.—No Assistant shall be present at any labor not falling to him in turn, except in the case of operations, and only in such cases as the Attending Physician shall direct.

8.—Each Assistant shall visit twice daily, or oftener if necessary, post-partum cases delivered by him, and also such other cases as the Resident Physician shall direct. He shall, at these visits, observe the strictest antisepsis, and shall report the patient's condition to the Resident Physician after each visit.

9.—All Assistants, on returning from a case, shall immediately make the entry of their notes upon the proper blanks provided by the Dispensary.

10.—No Assistant, while in performance of his duties, shall advise or prescribe for any patient who may apply to him, as by so doing he renders himself amenable to the laws controlling the practice of medicine without a license.

11.—No Assistant shall perform any obstetric operation, nor interfere with any mal-presentation, nor give an intra-uterine douche; but if he deem such interference necessary he shall send immediately to the Dispensary for assistance.

12.—Every Assistant shall, immediately upon returning from a labor, under the supervision of the Resident or Assistant Physician cleanse, the obstetric bag and place it in the proper closet ready for immediate use.

13.—The Dispensary shall furnish clinical thermometers, tape measures, and Dispensary keys to Assistants on receipt of a deposit of two dollars, and Assistants shall be responsible to the extent of their deposit for the return of these articles in good condition.

14.—Assistants, when sending to the Dispensary for help, shall invariably fill out the blanks provided for that purpose, being particular to note the time and reason for sending.

15.—Assistants shall, at the discretion of the Attending Physician on duty, be isolated from attending normal cases of labor, to attend any septic case that may arise.

16.—No Assistant shall receive personal remuneration from a patient under any circumstances.

It is the aim of the Governors of the Midwifery Dispensary that each student under their instruction shall obtain a practical knowledge of aseptic and antiseptic midwifery, and of the phenomena, diagnosis, and management of pregnancy, labor, and the puerperium, including the management of the new-born child. As soon as possible after entering upon his duties, the newly appointed Assistant visits, in company with either the Resident Physician or his Assistant, a case of pregnancy, whose date of confinement is not far off. At this visit the Assistant is instructed how to examine such a patient and what to observe. He has with him the so-called "post-partum" bag, a small satchel containing the necessary instruments and antiseptics. The examinations and observations necessary to fill out the following "Pregnancy Chart" are made.

CONFINEMENT NUMBER ..... NUMBER .....

MIDWIFERY DISPENSARY,

312 BROOME STREET

NEW YORK

PREGNANCY.

Name of Applicant, Date of Application, 189

Address, House, Floor, Room,

Application made by through

Married, Single, Widow, Age, Para,

Diseases of Childhood,

Birthplace

First Menstruation, Character of Menstruation,

Diseases of Puberty,

Family History,

Character of previous pregnancies, labors and puerperiums

First labor, Last menstruation,

Quickening, Condition in present pregnancy,

Bowels,

EXAMINATION OF PREGNANCY.

Date of Examination, 189

I. INSPECTION.

1. General appearance,
2. Mammary glands,
3. Abdomen,
4. Lower Extremities,
5. External genitals,

II. PALPATION.

I. EXTERNAL.

1. Abdominal fat,
2. Uterus,
3. Intermittent uterine contractions,
4. Fluctuation,
5. Abdominal ballottement,
6. Foetus,

II. INTERNAL.

1. Vulva,
2. Vagina,
3. Cervix,
4. Uterus,
5. Conjugata vera, 6. Conjugata vera, 7. Pubic arch,

III. PERCUSSION.

Height of Fundus,

IV. MENSURATION.

1 Abdomen, 2 Foetus, 3 Umbilicus,

4 Circumference of pelvis, 5 Spines, Crests,

7 External conjugate, 8 External oblique { R. L.

9 Internal conjugate, (4½") 10 Trochanters,

V. AUSCULTATION.

1 Foetal heart, { }

2 Uterine murmur, 3. Umbilical murmur,

4 Foetal movements, { } 5. Other sounds,

VI. URINE.

Specific gravity, Reaction, Albumen, % Sugar,

Microscopic examination,

EXAMINED BY,

SUBSEQUENT OBSERVATIONS.

A specimen of urine is taken back to the Dispensary for examination, and, after leaving instructions about sending to the Dispensary when the labor begins, the patient is left for the time being. Such examinations are repeated if untoward symptoms develop, and a general supervision is kept on the patient until she is confined. At these ante-partum visits, even six months before the labor is expected, the strictest antiseptic precautions are taken. The hands and forearms are always scrubbed with soap, water, and a nail brush, and with mercuric bichloride solution, 1 to 2,000, before any internal examination of a woman is made. It may be argued here that such careful preparation of the hand is entirely useless, that there is no need of the use of antiseptics at this time, because the risk of infection is practically *nil*. In reply it may be stated that no harm can result from such precautions, and, if not absolutely necessary for the safety of the pregnant woman, it is important to instruct the student in all the details of asepsis and antisepsis, before he actually takes charge of a confinement case, at which time asepsis and antisepsis are absolutely indispensable in a lying-in service carried on, as is that of the Midwifery Dispensary, in the tenement-house districts. Before the newly-made Assistant comes on turn to assist at a case of labor, he has learned an aseptic *technique*, as the result of making a number of ante-partum visits.

At every case of labor, the two charts known as "Record of Labor," and "Record of Child," are carefully kept and filled in as labor progresses.

The necessary paraphernalia are carried in the so-called "Labor Bag," which contains everything likely to be of service, except water. On reaching a case of labor, the bed is made as clean as possible, and the woman prepared by emptying the rectum and bladder (if necessary), and washing the genitals with a mercuric bichloride solution, 1 to 5,000. No ante-partum vaginal douche is given, unless there be some special indication for it. Plenty of hot water is kept on hand, and is freely used both on the attendant's hands and arms and about the woman. All superfluous neighbors are dismissed, and the husband and one or two women friends or relatives and the two representatives of the Dispensary alone are present at the expected birth. The above charts indicate nearly enough what is done and what instruction is given with each case. After the labor is ended, a vaginal douche of mercuric bichloride, 1 to 10,000, is given, the patient is thoroughly cleansed, and a vulva-pad of wool wadding, rolled in sublimated gauze, and an abdominal binder, are applied. Ergot is usually given after the delivery of the placenta. The infant is anointed with vaseline, and often washed by the Assistant, before he departs. The Assistant must remain with his patient at least one hour after the confinement is ended. After this interval has elapsed he notes the pulse, the temperature, and the height and condition of the uterus, and the case becomes a post-partum case. If at any time the Assistant on duty feels in doubt about the progress of the case, he can immediately send for assistance to the Dispensary, and from there for the Attending Physician. The notice asking for assistance is not left to chance, but each labor bag contains several printed blanks to be filled in and inclosed in an envelope provided for the purpose and already directed to the Dispensary. Thus an inexperienced and excited Assistant is not allowed to wander from the point at issue on a sheet of blank paper. Each Assistant must visit his post-partum cases twice daily for the first five days and once daily for the second five days. At these visits he changes the pads, washes the genitals, examines the child, and makes the necessary notes under the heading of Subsequent Record, by means of rubber stamps, of which a copy follows :

DIAGNOSIS,

NUMBER

MIDWIFERY DISPENSARY,

312 BROOME STREET,

NEW YORK

RECORD OF LABOR.

Name of Applicant, Date of Application, 189

Address, House, Floor, Room,

Application made by through { *clergyman, missionary, doctor, Eastern Dispensary,* }

Married, Single, Widow, Age, Para,

Diseases of Childhood,

Birthplace

First Menstruation, Character of Menstruation, { *regularity, irregularity, profuse, scanty, duration, pain* }

Diseases of Puberty,

Family History,

Character of previous pregnancies, labors and puerperiums *(miscarriages)*,

First labor, *(date)*, Last menstruation, { *date, duration, quantity,* }

Quickening, *(date)*, Condition in present pregnancy,

Bowels, Urine. { *normal, albumen, sugar, amount,* }

PREPARATORY STAGE.

Date *began*, 189 , hour M.

Sinking of Uterus, { *epigastrium, abdomen, head, bladder, rectum,* }

Cervix, { *soft, firm* }

Internal os, { *amount of dilatation, presenting part,* }

Uterine contractions, { *pain, frequency,* } Foetal heat, { *regular, irregular, normal,* }

Show, { *amount, color,* }

Duration, hours, minutes. Date *commenced* 189 , hour, M.

FIRST STAGE.

Date *now* 189 , hour M.

Uterine contractions, { *pain, frequency,* } Foetal heart, { *regular, irregular, normal,* }

Cervix, { *soft, firm* }

Temperature, Pulse, Position of parturient,

Membranes, Vaginal Secretion,

Vaginal examinations, { *made by, number* }

Pelvis, Soft parts, Bladder, Rectum,

Presence of attendant,

Presentation, Position, Dose,

Medication,

Duration, hours, minutes. Date *now* 189 , hour, M.

SECOND STAGE.

Date (began) 189 , hour M

Uterine Contractions, (force, frequency,) Foetal heart, (rapidity, regularity, position)

Cervix,

Temperature, Pulse, Position of parturient,

Membranes, (condition, rupture,) Vaginal secretion,

Vaginal examinations, (results, manipulations,)

Pelvis, Soft parts, Bladder, Rectum.

Presence of attendant,

Presentation Position, Diet,

Preservation of Perineum, (method,)

Cord about neck, (number of coils, treatment,)

Haemorrhage, (quantity, cause, treatment,)

Duration, hours, minutes. Date (began) 189 , hour M.

THIRD STAGE.

Date (began) 18 , hour M.

Uterine contractions (force, frequency,)

Temperature Pulse, Position of Parturient,

Vaginal examinations, (results, manipulations,)

Intra-uterine manipulations,

Haemorrhage, (quantity, cause, treatment,)

Placental delivery, (time, method,)

Placenta, (position, weight, size, shape, number of cotyledons, abnormalities, odor, color,)

Cord, (number of vessels, insertion,)

Membranes, (complete, opening, abnormalities,)

Uterus, (condition, management, height of fundus above symphysis,)

Duration, minutes. Date 189 , hour. M.

SUMMARY OF LABOR.

First stage (began month day 189 / terminated) Duration, hours, minutes.

Second stage (began month day / terminated)

Third stage (began month, day / terminated)

Total duration of labor

Temperature Pulse. Height of fundus above symphysis inches.

(condition of perineum,)

Delivered by

COMPLICATIONS OR OPERATIONS.

SUBSEQUENT RECORD.

NUMBER

MIDWIFERY DISPENSARY.

312 BROOME STREET.

NEW YORK

RECORD OF CHILD.

Date of Birth, 189 Sex, Weight,

Name of Mother Address. Para,

Present Condition of Mother,

Previous History of Mother,

Time of Gestation, ____ ____ mo. Presentation Position,

Caput Succedaneum, Umbilical Cord.

Labor, Duration, hours, minutes.

OBSERVATIONS TO BE MADE AT TIME OF BIRTH.

Primary Respirations, Capillary Circulation,

Temperature,

(Taken in rectum for first twenty minutes immediately after birth.)

MEASUREMENTS.

DIAMETERS.

HEAD:						BODY:	
Occipito-mental	(5½″)	Fronto-mental	(3½″)	Biparietal	(3½″)	Bisacromial	
Occipito-frontal	(4½″)	Trachelo-bregmatic	(3¼″)	Bitemporal	(3¼″)	Dorso-sternal	
Suboccipito-bregmatic	(3½″)			Bimastoid	(3″)	Bistrochanteric	(8½″)
				Bimalar	(2½″)	Sacro-pubic	

CIRCUMFERENCES.

HEAD:		BODY:
Occipito-mental	(15″)	Bisacromial
Suboccipito-bregmatic	(13″)	Bistrochanteric

Length of Child,

GENERAL CONDITION.

Development Vernix caseosa, Lanugo

Breasts, Skin, Bowels. Subcutaneous fat,

Nose, Eyes, Mouth, Umbilicus,

Urine, Cry,

ATTENDED BY

GENERAL REMARKS.

DAILY RECORD OF MOTHER.

Date,.....189 .....day.

1. Countenance .....
2. Tongue .....
3. Bladder.....
4. Bowels .....
5. Sleep .....
6. Stomach (diet) .....
7. Temperature (A.M.)....(P.M.)...
8. Pulse (A.M.)..... (P.M.). .....
9. Breasts .....
10. Uterus.....
11. Genitals (lochia).....
12. Treatment .....

Remarks: .....

.....

.....

DAILY RECORD OF CHILD.

Date,... ....189 .....day.

1. Caput Succedaneum.....
2. Weight.....lbs. .....oz.
3. Nursing .....
4. Eyes.....
5. Nose.....
6. Mouth.....
7. Breasts .....
8. Umbilicus .....
9. Skin .....
10. Urine.....
11. Bowels .....
12. Sleep.....
13. Cry.....
14. Vomiting.....

Remarks: .....

.....

.....

The Assistant, in such post-partum work, acquires a knowledge of the diurnal changes in the lochia, in the drying stump of the umbilical cord, in the breasts and the flow of milk, and other post-partum phenomena, which is of more value than the conduction of a labor and the guiding of a head over a perineum.

One of the apartments connected with the institution is now being equipped with the outfit necessary to that important adjunct of obstetric teaching : a manikin course.

Such is the system carried out by the Midwifery Dispensary. Under it a complete check is held on the student and the following details of the first year's work show the results obtained :

APPLICATIONS.

Total 330

January 9	May 27	September 41
February 9	June 32	October 37
March 14	July 32	November 41
April 37	August 21	December 30

Number of cases attended by the Dispensary	199
" " " which secured other attendance	36
" " " referred to other Institutions	39
" " " unsuitable	6
" " " moved away, sent no address	3
" " " not noted	4
" " " awaiting confinement	43
Total	330

Sources through which patients learned of the Dispensary.

Unknown sources	175
New York City Missions	67
Former Patients	35
Eastern Dispensary	30
Police Department	4
Health Department	1
Total	330

ATTENDANCE.

Total 199

January 2	May 11	September 23
February 6	June 26	October 20
March 7	July 23	November 25
April 16	August 16	December 24

Number of cases confined by the Dispensary	162
" " " unattended	24
" " " confined by midwives	10
" " " " " outside physicians	3
Total	199

NATIVITY.

United States	59	Italy	1
Germany	25	Poland	1
Russia	25	Sweden	1
Ireland	22	Arabia	1
England	11	Not noted	50
Austro-Hungary	3	Total	199

CIVIL CONDITION.

Married	191
Single	1
Not noted	7
Total	199

AGE.

Youngest, 17 years. Oldest, 43 years.

Between 16 and 20 years	8
" 20 " 25 "	35
" 25 " 30 "	62
" 30 " 35 "	46
" 35 " 40 "	22
" 40 " 43 "	5
Not noted	21
Total	199

PARA.

I. para	22	VI. para	13	XI. para	3
II. "	36	VII. "	16	XII. "	2
III. "	32	VIII. "	7	XIII. "	2
IV. "	25	IX. "	5	Not noted	9
V. "	19	X. "	8	Total	199

GENERAL PHYSICAL CONDITION.

Good	138	Syphilitic	1
Poor	32	Not noted	17
Phthisical	3		
Nephritic	8	Total	199

First day of attendance on Post-partum cases.

On day of confinement	13
1st day of puerperium	4
2d " "	1
3d " "	3
4th " "	2
5th " "	2
8th " "	2
11th " "	1
13th " "	1
Not noted	8
Total	37

Longest time of attendance	44 days.
Shortest " " "	1 day.
Average " " "	9.738 days.

LABOR.

PRESENTATION.

Vertex	143	
Breech	6	
Transverse and funis	2	
Left shoulder	1	
		152
Child born, but delivered placenta	11	
Abortions	11	
Hydatidiform mole	1	
Carneous mole	1	
Post-partum	20	
Not noted	4	
		48
Total		200

MEMBRANES RUPTURED.

Spontaneously	94
Artificially	37
Total observations	131

DELIVERY OF PLACENTA.

Credé	105
Natural forces	34
Manual from uterus	12
" " vagina	4
Total observations	155

HEMORRHAGE

During and after third stage.

Under one pound	96
Over one pound	28
Total observations	124

CONDITION OF PLACENTA.

Normal	112
Fatty	22
Calcareous	5
Succenturiata	2
Fibrous	1
Total observations	142

INSERTION OF CORD.

Central	80
Lateral	43
Marginal	15
Total observations	138

Average temperature during labor:

Before, 98.40, in 106 cases. After, 98.00, in 154 cases.

Average pulse during labor:

Before, 84, in 116 cases. After, 77, in 161 cases.

AVERAGE DURATION OF LABOR.

First stage	(in 109 cases)	10 hrs. 39 min.
Second "	(in 104 ")	11 " 13 "
Third "	(in 142 ")	20 "
Total	(in 154 ")	12 " 34 "

CHILD.

Vertex, living	140
" still-born	5
" macerated	2
Breech, living	3
" still-born	3
Transverse and funis, living	1
" " " macerated	1
Total observations	155

WEIGHT OF CHILD.

In 143 cases observed (average) ..... 8 lbs. 6.4 oz.

SEX OF CHILD.

In 149 cases observed.

Males	79
Females	70

UMBILICAL CORD.

In 128 cases observed, the cord fell off on the—

First day	in	0 cases.
Second "	"	2 "
Third "	"	22 "
Fourth "	"	29 "
Fifth "	"	44 "
Sixth "	"	17 "
Seventh "	"	10 "
Eighth "	"	3 "
Ninth "	"	1 "

TEMPERATURE DURING THE PUERPERIUM.

A.M.

DAY.	No. of Observations	96° to 97°	97° to 98°	98° to 99°	99° to 100°	100° to 101°	101° to 102°	102° to 103°	103° to 104°	104° to 105°	105° to 106°
1st,	145	1	19	83	36	3	2	1	....	....	....
2d,	165	2	20	109	24	6	4	....	....	....	....
3d,	156	....	18	97	33	5	2	....	1	....	....
4th,	154	....	16	98	31	6	2	1	....	....	....
5th,	133	....	10	84	31	4	2	....	2	....	....
6th,	97	1	6	38	24	24	4	....	....	....	....
7th,	91	....	6	60	19	1	3	1	1	....	....
8th,	78	....	4	53	19	....	....	1	....	....	1
9th,	51	1	2	39	6	1	1	....	....	1	....
10th,	28	1	1	18	2	1	....	1	2	2	....

P.M.

DAY.	No. of Observations	96° to 97°	97° to 98°	98° to 99°	99° to 100°	100° to 101°	101° to 102°	102° to 103°	103° to 104°	104° to 105°	105° to 106°
1st,	168	1	12	82	61	10	1	1	....	....	....
2d,	157	....	11	98	40	3	3	1	1	....	....
3d	163	....	4	113	34	6	4	....	1	1	....
4th,	159	1	10	99	35	9	4	....	....	1	....
5th,	148	....	7	98	33	6	3	....	....	1	....
6th,	120	1	8	72	33	5	....	....	....	1	....
7th,	105	....	6	71	21	5	....	2	....	....	....
8th,	88	....	11	52	22	....	2	....	1	....	....
9th,	65	....	5	36	19	2	....	2	1	....	....
10th,	35	....	3	19	7	2	....	2	2	....	....

PULSE DURING THE PUERPERIUM.

A.M.

DAY.	No. of Observations	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	100 to 110	110 to 120	120 to 130	130 to 140
1st,	152	....	4	30	61	38	10	8	1	....	....
2d,	163	....	3	28	65	40	29	4	1	2	....
3d,	155	....	....	23	66	37	20	8	1	....	....
4th,	152	....	2	18	65	46	13	6	3	....	....
5th,	130	....	....	24	57	29	14	4	1	1	....
6th,	102	1	1	13	45	25	12	3	1	1	....
7th,	89	....	1	19	29	19	16	2	1	1	1
8th,	74	....	3	13	20	24	10	2	2	....	....
9th,	51	....	2	9	17	12	5	3	2	1	....
10th,	28	....	1	3	11	6	1	3	2	....	1

P.M.

DAY.	No of Observations	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	110 to 120	120 to 130	130 to 140	140 to 150
1st,	166	....	4	22	68	49	14	7	2	....	....
2d,	175	....	2	28	59	64	15	4	2	1	....
3d,	160	....	3	26	57	42	21	8	2	1	....
4th,	162	....	3	16	66	41	20	10	6	....	....
5th,	136	....	1	20	65	37	14	5	3	1	....
6th,	121	....	....	22	53	28	15	1	1	1	....
7th,	104	....	....	14	48	27	10	3	2	....	....
8th,	86	....	2	13	32	23	13	2	1	....	....
9th,	65	....	1	5	29	16	11	....	2	1	....
10th,	33	....	....	5	9	8	5	2	3	1	....

The above tables of Temperature and Pulse are made up from all cases observed, both septic and non-septic.

HEIGHT OF THE FUNDUS UTERI DURING THE PUERPERIUM.

DAY.	No. of Observations	In Pelvis.	Two Fingers above Symphysis.	Three Fingers above Symphysis.	Betw'n Symphysis & Umbilicus.	Three Fingers below Umbilicus	Two Fingers below Umbilicus.	At Umbilicus.	Two Fingers above Umbilicus.	Three Fingers above Umbilicus.	Betw'n Ensiform & Umbilicus.
1st,	137	....	1	....	7	7	44	70	7	1	....
2d,	138	....	1	....	11	27	50	42	7	....	....
3d,	136	....	1	1	26	40	48	18	2	....	....
4th,	126	1	2	8	21	53	31	8	1	....	1
5th,	117	1	2	14	25	47	20	7	....	....	1
6th.	102	6	10	20	27	'	1		....	....	....
7th,	96	9	13	25	23	17	8	1	....	....	....
8th,	71	5	12	20	21	11	2	....	....	....	....
9th,	43	6	12	6	10	5	4	....	....	....	....
10th,	16	1	5	6	2	2	. ..	....	....	....	....

Of the 199 cases treated by the Dispensary, one died. She was delivered by the Resident Physician in a cellar in East Sixteenth Street, and was suffering from gonorrhœal endometritis and double labial abscess. At the time of labor she had a temperature of 102.5°. The cause of death was septicæmia, complicated by pneumonia. Death occurred on the eleventh day. The Attending Physician was present before the confinement was finished.

One other case, first seen by the Dispensary five days post partum, and immediately sent to Bellevue Hospital, subsequently died there. She was suffering from septic peritonitis and intestinal obstruction. Laparotomy failed to give relief.

STUDENTS.

There were sixty-two students instructed during the year, as follows:

Undergraduates, College of Physicians and Surgeons.....45
" Medical Department, University City New York 10
Graduates, Medical Department, University City New York..... 3
" College of Physicians and Surgeons..... 1
" Bellevue Hospital Medical College 1
" Medical and Surgical College of New Jersey..... 1
" Memphis Hospital Medical College..... 1

Average number of cases each student assisted at.....1.83
" " " " " " was present at 1.46
" " " " " " witnessed 3.3
Greatest " " " any one " assisted at .....8.
" " " " " " " was present at.....14.

During the year the position of Resident Physician has been filled by three incumbents:

Alexander Lambert, M.D. .....January 18th to June 1st.
James H. McIntosh, M.D. .....August 1st to December 1st.
Asa B. Davis, M.D. .....December 1st to

The position of Assistant Resident Physician was created December 1st, and the first appointee was C. B. Bennett, M.D.

During the year we have been greatly assisted in our work by the co-operation of the missionary nurses connected with the New York City Missions, who have referred many cases to us for treatment and who, when notified, have always been ready with necessary articles of food and clothing for our very needy patients.

Report of SAMUEL W. LAMBERT, M.D., Treasurer Midwifery Dispensary, for the year ending December 31st, 1890.

From Donations	$2,050.64	To Permanent Equipment,	$680.08
" Theatrical Entertainment	673.19	" Running Expenses:	
" Students	430.00	January	$48.49
" Patients	93.00	February	58.26
" Forfeited deposits on Keys and Thermometers,	22.00	March	38.66
		April	81.62
		May	53.03
		June	53.13
		July	145.65
		August	252.87
		September	116.31
		October	147.87
		November	171.59
		December	313.59
		Total Expenses	1,481.07
			$2,161.15
		" Balance	1,107.68
	$3,268.83		$3,268.83

Average cost per month.....$123.42
Average cost per patient (original equipment excluded)....7.48

Since August 1st, it has been necessary to pay a salary to the Resident Physician; and since July 1st larger quarters have been necessary. These items will explain the increase in the running expenses since that date.

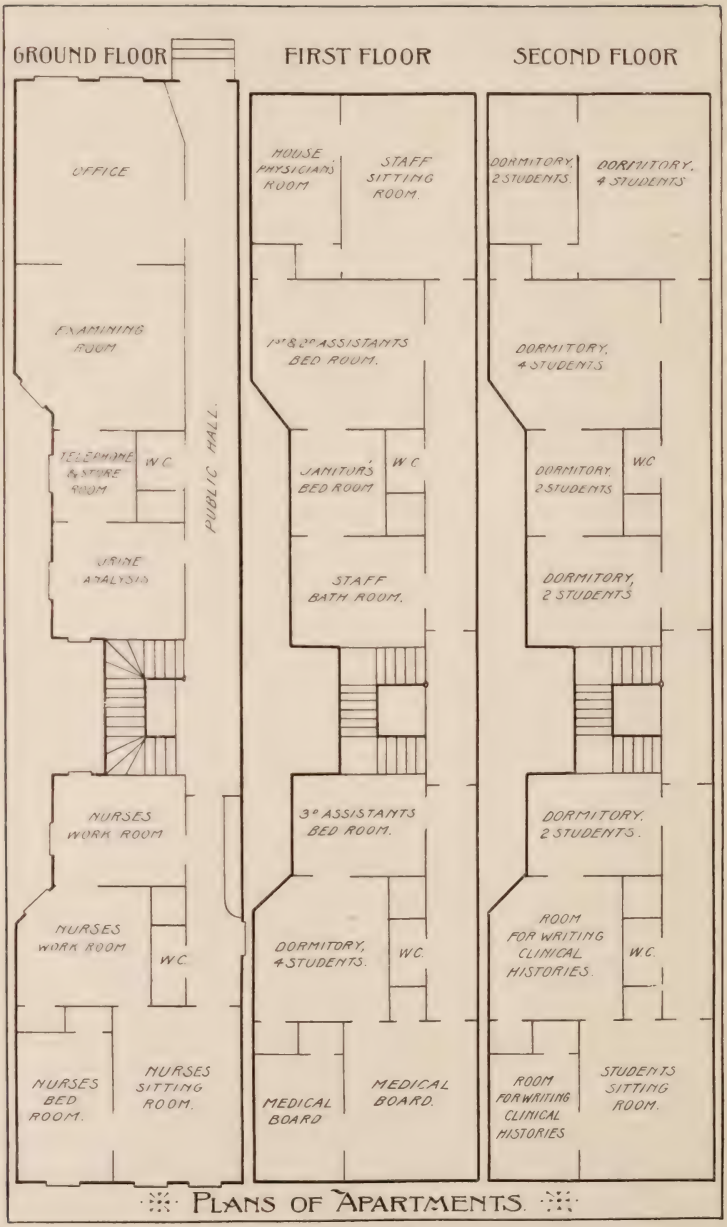
DONATIONS TO MIDWIFERY DISPENSARY, 1890.

1.	Anon., per J. W. M.	$100.00
2.	" " "	10.00
3.	Mrs. John Auchincloss	10.00
4.	Miss Mary Auchincloss	5.00
5.	Mrs. Elliot C. Cowdin	25.00
6.	Mr. C. C. Cuyler	25.00
7.	Mrs. W. H. Draper	10.00
8.	Mr. W. P. Draper	25.00
9.	Dr. J. C. Edgar	150.00
10.	Mrs. Frederick Gallatin	100.00
11.	Mr. Elbridge T. Gerry	100.00
12.	Mrs. Gaspar Griswold	10.00
13.	Mr. Chas. R. Henderson	120.00
14.	Mrs. Richard Henderson	20.00
15.	Mrs. W. W. Herroy	10.00
16.	Miss How	5.00
17.	Mr. E. W. Humphreys	60.00
18.	Mrs. John S. Kennedy	10.00
19.	Mrs. Aldolf Ladenburg	50.00
20.	Dr. E. W. Lambert	11.00
21.	Dr. Samuel W. Lambert	223.50
22.	Dr. J. W. Markoe	223.51
23.	Dr. T. M. Markoe	33.18
24.	Miscellaneous, per E. W. L.	14.00
25.	Mr. Robert Olyphant	120.00
26.	Dr. H. McM. Painter	150.00
27.	Mrs. Trenor Park	25.00
28.	Mr. Samuel Parish	60.00
29.	Rev. W. S. Rainsford	120.00
30.	Mr. R. H. Robertson	100.00
31.	Mrs. W. H. Schieffelin	15.00
32.	Miss Simmons	10.00
33.	Mrs. John Sinclair	25.00
34.	Mrs. A. H. Stevens	10.00
35.	Miss Willets (Stove)	5.45
36.	Mr. John T. Willets	25.00
37.	Mr. R. R. Willets	10.00
38.	Mrs. J. Henry Work	25.00
		$2,050.64

DONATIONS OF ARTICLES.

Through Dr. C. P. Bennett	Baby clothes.
Mrs. Gaspar Griswold	Instruments.
Dr. George S. Huntington	Instruments.
Dr. Edw. W. Lambert	Instruments.
Mrs. E. W. Lambert	Gas stove, pictures, old linen, cocoa matting.
Dr. S. W. Lambert	One valise.
Dr. J. W. Markoe	Stove.
Dr. T. M. Markoe	Pictures.
Mr. D. W. Richards	Argand drop light.
Mrs. R. H. Robertson	Desk, chairs, bedstead, mattress, pair vases.
Mrs. John Sinclair	Old linen.
Mrs. A. H. Stevens	Dozen sheets.
Mr. James Wilson	Bath tub and plumbing.

MIDWIFERY DISPENSARY,
312 Broome Street,
January 1st, 1891.



PLANS OF APARTMENTS.

SECOND ANNUAL REPORT

OF THE

MIDWIFERY DISPENSARY,

314 BROOME STREET,

NEW YORK CITY.

MEDICAL BOARD.

Consulting Physicians.

EDWARD W. LAMBERT, M.D., Pres. THOMAS M. MARKOE, M.D.
W. T. LUSK, M.D. WILLIAM M. POLK, M.D.

Attending Physicians.

J. W. MARKOE, M.D. SAMUEL W. LAMBERT, M.D.
J. CLIFTON EDGAR, M.D. H. McM. PAINTER, M.D.
AUSTIN FLINT, JR., M.D.

PATHOLOGIST.
FARQUHAR FERGUSON, M.D.

EMBRYOLOGIST.
GEO. S. HUNTINGTON, M.D.

ORTHOPEDIC SURGEON.
T. HALSTED MYERS, M.D.

Resident Physician.
ASA B. DAVIS, M. D.

Assistant Resident Physicians.
W. N. BOYNTON, M.D. F. S. PICKETT, M.D. J. F. SCOTT, M.D.

NEW YORK:
PUSEY & TROXELL, Printers, 1398 Broadway.

1892.

SECOND ANNUAL REPORT

OF THE

MIDWIFERY DISPENSARY.

The Midwifery Dispensary has completed its second year, and presents to the medical public in this report the results of the twelve months ending December 31st, 1891.

The Dispensary occupied on the 18th of January, 1890, a single apartment in a Broome-Street tenement, and accommodated a resident physician and three students. It was not associated with any medical school, and was dependent for its income upon the generous gifts of its friends. It had no patients, and there had been no demand on the part of the medical student for such an opportunity as it was proposed to offer him. At the present time nearly the whole of a five-story tenement has been absorbed for the uses of the Dispensary, and its medical staff has increased until now it consists of a resident physician, three assistants, and twenty students, together with two trained nurses. The number of patients has increased to an average of five per day, and the applications of students are so numerous that there is often no vacancy for several weeks in succession. The Midwifery Dispensary still stands unallied to any other educational institution, and will continue to do so. In fact, it must adhere to this policy, for no one school or college could supply the number of students necessary to accomplish its work. Two of the largest medical schools in this city, however, have recognized the value of a practical course in obstetrics, and refer all their students to this institution for the two weeks' course.

The financial outlook of this enterprise has also assumed a very different aspect from that of the young and immature scheme which was struggling for public recognition two years ago.

The number of women treated by the Dispensary has increased from 199 during the year 1890 to 955 during the year 1891. These figures speak for themselves, and demon-

strate that the care and attention to detail expended upon the first patients of the Dispensary have borne good fruit.

It is also evident that practitioners and students of medicine realize the advantages of the practical and thorough course in midwifery here offered. In 1890, 62 students were instructed at the Dispensary, and in 1891 this total has increased to 243. It is thus evident that the work of this institution has quadrupled during the past twelve months.

The running expenses for 1891 were $6,136.20, against $1,481.07 for 1890; but the cost per patient for 1891 was only $6.42, as against $7.48 for 1890. The cost per capita will, undoubtedly, be still further reduced when the system becomes more fully developed.

During the past year the permanent equipment has been expanded to the extent of $1,024.30. The increase in work has naturally demanded enlargement of the resident staff, and two additional salaried assistants to the resident physician have been appointed. Two trained nurses have also been secured, who prepare the obstetric dressings, and have the care of the labor and post-partum bags and instruments ; they also accompany the attending physician to all major operations to act as trained assistants.

A very serious defect in the former method of instruction by the Dispensary was the necessity of making all ante-partum examinations at the house of the patient. During the past year a room has been fitted up in the Dispensary for the purpose of examining pregnant women. A member of the resident staff always conducts the examination in the presence of a nurse, instructing the student in the signs of pregnancy and the methods of mensuration. By this means also the statistics of the ante-partum condition are rendered accurate and reliable.

No report from the Pathologist is published this year, because of the great difficulty in obtaining permission to perform autopsies.

The report of the Embryologist is this year only an enumeration of the specimens collected. Details of work in this branch must be postponed until a later report.

The position of the Orthopedic Surgeon was not created until the latter part of this year (1891). The report on this subject is limited to a single case.

In the near future an amalgamation will be affected with the Society of the Lying-in Hospital of the City of New York.

The attention of the medical profession is therefore called to the fact that all further reports of the work begun under the name of the Midwifery Dispensary will appear as reports of the above Society.

The Society of the Lying-in Hospital of the City of New York, was incorporated under an Act of the Legislature of New York, March 1st, 1799. Subscriptions were asked for and received from many people in the City of New York, among others William Bayard, Herman Leroy, Isaac Gouverneur, Gulian Verplank, Alexander Hamilton, Peter Goelet, Stephen Tillinghast, David Clarkson, Nathaniel Pendleton, Henry Rutgers, Brockholst Livingston, Alexander Hosack, Frederick De Peyster, De Witt Clinton, Richard Riker, Nicholas Fish, Robert Benson, William Renwick, Daniel Phoenix, Leonard Bleecker and Thomas L. Ogden, and many other well-known New Yorkers of that day.

The Society entered into an agreement in 1801 with the New York Hospital, by which a lying-in ward was established and opened for the reception of patients in the latter hospital. This continued in operation for twenty-six years, but inconveniences having arisen, it was finally determined to close the ward, which was done in June, 1827. Various plans were suggested, from time to time, respecting the carrying on of the work of the hospital, the plan ultimately decided upon being the aiding of females requiring assistance during confinement at their own homes. This method has been found very successful in affording relief to the persons requiring such care, and has been continued by the Society for over thirty years.

The Society has a fund invested, the income derived from which is sufficient to carry on this work in a manner similar to that which has been done at the Midwifery Dispensary. The mode of aiding women in confinement adopted by both these charities is virtually the same, and a merger of the two charities into one, it has been thought, would be the best mode of carrying on the work in the future, and as the Lying in Hospital is one of the oldest charitable institutions in the State, it has been thought best that the work should

be carried on by it rather than by the unincorporated association known as the Midwifery Dispensary.

The plan of the merger of the two associations has been substantially agreed upon, so that all that it will be necessary to arrange will be mere matters of detail, and it is expected that in the early spring or by the coming autumn at the latest, the work of the Midwifery Dispensary will cease under that name, but it will be continued in substantially the same manner, and with the medical staff of the Dispensary, by the Society of the Lying-in Hospital.

STATISTICAL SYNOPSIS.

APPLICATIONS.

January.....69	May.....107	September.....142
February.....55	June.....102	October.....156
March.....55	July.....116	November.....137
April.....77	August.....139	December.....189

Total.....1,344.

Number of cases attended by Dispensary	921
" " " secured other attendance	170
" " " referred to other institutions	24
" " " unsuitable	22
" " " moved away	63
" " " waiting confinement January 1st, 1892	144
" " " waiting confinement January 1st, 1891	43
" " " attended by Dispensary	34
" " " moved away or secured other attendance	9

Sources through which patients learned of the Dispensary.

Former patients	512
City missions	72
Outside physicians	59
Good Samaritan Dispensary	50
Midwives	42
Hebrew Charities	17
Notices in institutions and newspapers	17
Treated before	12
Police Department	12
New York Dispensary	9
Other sources	12
Unknown	141
Total	955

ATTENDANCE.

January.....43	May..... 61	September.....114
February.....39	June..... 60	October.....110
March.....50	July..... 72	November.....113
April.....57	August..... 106	December.....130

Total.....955

Number of cases confined by Dispensary...	842
" " " unattended.....	56
" " " confined by midwives	45
" " " confined by outside physicians.....	12
Total.	955

NATIVITY.

Russia.....	549	Scotland.....	4
United States.....	153	Holland.....	3
Ireland.....	60	Switzerland.....	2
Germany.....	59	Sweden.....	1
Poland.....	34	Syria.....	1
Austria.....	31	Turkey.....	1
England.....	17	Nova Scotia.....	1
Roumania.....	14	Norway.....	1
Hungary.....	9	Unknown.....	15

Total..... ...955

CIVIL CONDITION.

Married.....	942
Single.....	3
Widow.....	8
Not noted.....	2
Total.....	955

AGE.

Between 15 and 20 years	104
" 20 " 25 "	321
" 25 " 30 "	289
" 30 " 35 "	137
" 35 " 40 "	77
" 40 " 45 "	9
" 45 " 50 "	1
Not recorded	17
Total	955

Youngest.....16 years (C. N. 989)*

Oldest.....47 years (C. N. 1101)

PARA.

I para in	220 cases	IX para in	17 cases
II " "	178 "	X " "	17 "
III " "	134 "	XI " "	13 "
IV " "	103 "	XII " "	3 "
V " "	88 "	XIII " "	7 "
VI " "	64 "	XIV " "	2 "
VII " "	53 "	XV " "	1 "
VIII " "	48 "	Not noted	7 "

Total.....955

Primiparæ.....23.3% of cases noted

Multiparæ.....76.7% " " "

DURATION OF ATTENDANCE.

Average number of days, attendance on each case.....8.09 days

Least number of days, attendance on any one case.....1.00 "

Greatest number of days, attendance on any one case.....54.00 "

* C. N. refers to the Confinement number of the case as recorded on the history chart.

First Day of Attendance on Post-partum Cases.

Labor day	43
1st day	9
2d "	10
3d "	9
4th "	10
5th "	5
6th "	6
7th "	2
8th "	4
9th "	2
10th "	4
11th "	1
12th "	2
14th "	1
15th "	1
21st "	3
35th "	1
Total	113

VAGINAL EXAMINATIONS.

First stage :—

One	in 18 cases
Two	" 82 "
Three	" 65 "
Four	" 103 "
Five	" 70 "
Six	" 71 "
Seven	" 49 "
Eight	" 38 "
Nine	" 21 "
Ten or more	" 118 "
Cases noted	581
" not noted	36
Total	617

These examinations made by :—

Dispensary Assistant	583
" Physician	136
Midwife	6

Second stage :—

One	in	96 cases
Two	"	190 "
Three	"	98 "
Four	"	90 "
Five	"	60 "
Six	"	49 "
Seven	"	23 "
Eight	"	26 "
Nine	"	13 "
Ten or more	"	66 "
Cases noted		722
" not noted		41
Total		763

Examinations made by :—

Dispensary Assistant	651
" Physician	128
Midwife	6

Third stage :—

One	in	102 cases
Two	"	64 "
Three	"	23 "
Four	"	13 "
Five	"	6 "
Six	"	1 "
Seven	"	1 "
Cases examined		402
" not examined		419
Total		821

These examinations made by :—

Dispensary Assistants	in	174 cases
" Physicians	"	50 "
Midwife	"	1 "

PRESENTATIONS.

The presentation was observed in 764 cases as follows:—

Vertex	in 712 cases	or once in	..	.....	.....	1.07	cases
Breech	" 38 "	"	"	"	.....	20.10	"
Shoulder	" 12 "	"	..	"	.....	63.66	"
Face	" 2 "	"	"	"	.....	382.00	"

The presentation was not observed in 210 cases as follows:—

Child born on arrival, but placenta delivered, in	...	53 cases
Post-partum	...	93 "
Abortions	...	64 "

RUPTURE OF THE MEMBRANES.

Artificial rupture of the membranes was done in 137 cases in the second stage, and in 5 cases in the first stage. In two cases the membranes did not rupture until after the delivery of the head.

CONDITION OF THE CHILD.

In the 764 cases in which the presentation was noted, the condition of the child was as follows:—

Vertex (living)		....	691
" still-born	macerated	6	
" " "	hydrocephalic	1	
" " "	anencephalic	1	
" " "	premature	2	
" " "	prolapsed cord	2	
" " "	no complication recorded	9	19
	Discharged undelivered		2
	Total	....	712

Breech (living)		.....	24
" still-born	macerated	1	
" " "	premature	5	
" " "	prolapsed cord	3	
" " "	found dead, delivery incomplete	2	
" " "	no complication recorded	3	14
	Total	.....	38

Shoulder (living)		6
" still-born	macerated	1
" "	prolapsed cord	1
" "	impacted	1
" "	no complication recorded	3 — 6
	Total	12

Face (living)	1
" still-born anencephalic	1
Total	2

SEX OF CHILD.

Male	462
Female	412
Not recorded (Abortions post-partum, not recorded)	100
Total	974

DELIVERY OF THE PLACENTA.

In 892 cases it is recorded that the placenta was delivered

By expression	in 598 cases
By natural forces	" 186 "
Manually from uterus	" 18 "

The method of placental delivery is not noted in 159 cases as follows:—

Abortions	61 cases
Post-partum	88 "
Not recorded	10 "

IMPLANTATION OF CORD.

The mode of implantation of the cord was recorded in 784 as follows :—

Central	in 403 cases
Lateral	" 319 "
Marginal	" 62 "
Not noted	" 37 "
Total	821

CONDITION OF THE PLACENTA.

The condition of the placenta is recorded in 790 cases.

Normal	in 667 cases
Calcareous	" 63 "
Succenturiata	" 2 "
Apoplexy	" 5 "
Cysts	" 0 "
Fibrous	" 25 "
Fatty	" 53 "

TEMPERATURE AND PULSE ONE HOUR AFTER LABOR.

732 observations of the post-partum temperature, and 738 observations of the post-partum pulse taken one hour after delivery, are recorded.

TEMPERATURE.

95.5 to 96.5	in 1 case
96.5 to 97.5	" 16 cases
97.5 to 98.5	" 271 "
98.5 to 99.5	" 357 "
99.5 to 100.5	" 81 "
100.5 to 101.5	" 6 "

PULSE.

30- 40	in 1 case
40- 50	" 1 "
50- 60	" 38 cases
60- 70	" 152 "
70- 80	" 260 "
80- 90	" 189 "
90-100	" 65 "
100-110	" 15 "
110-120	" 9 "
120-130	" 7 "
130-140	" 1 case

DURATION OF THE STAGES OF LABOR.

First stage :— 562 observations; shortest, 45 minutes; longest, 87 hours; average 10 hrs. 19 minutes.

Second stage :— 686 observations; shortest, 3 minutes; longest, 15 hours 45 minutes ; average 1 hour 30 min.

Third stage :— 781 observations; shortest, 3 minutes; longest, 4 hours 5 minutes; average 31 min. 26 sec.

HEMORRHAGE.

First stage :— Hemorrhage was noted in only two of the 617 cases observed in the first stage of labor, and the quantity was less than one pound.

Second stage :— There was hemorrhage during the second stage in 195 cases, the amount of blood lost is shown in the following table :—

Less than one pound	186
One to two pounds	7
Two to three "	1
Three to four "	1

Third stage :— The blood lost during the placental stage of delivery is recorded in 745 cases as follows :—

Less than one pound	696
One to two pounds	42
Two to three "	5
Three to four "	1
Four to five "	1

TEMPERATURE

DURING THE PUERPERIUM.

A.M.

DAY.	96½° to 97½°	97½° to 98½°	98½° to 99½°	99½° to 100½°	100½° to 101½°	101½° to 102½°	102½° to 103½°	103½° to 104½°	104½° to 105½°	No. of Cases Obs'v'd
1st,	26	427	332	47	9	8	1	.....	.....	850
2d,	15	431	343	42	9	6	4	2	.....	852
3d,	5	406	351	58	18	8	4	.....	.....	850
4th,	9	409	339	59	16	7	4	1	1	845
5th,	15	380	369	47	11	5	5	.....	1	833
6th,	11	377	324	43	13	5	5	1	.....	779
7th,	12	390	286	41	14	8	4	.....	1	756
8th,	4	392	278	35	8	1	3	2	.....	723
9th,	8	368	242	24	6	6	1	.....	.....	655
10th,	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

P.M.

DAY.	96½° to 97½°	97½° to 98½°	98½° to 99½°	99½° to 100½°	100½° to 101½°	101½° to 102½°	102½° to 103½°	103½° to 104½°	104½° to 105½°	No. of Cases Obs'v'd
1st,	17	350	334	65	16	3	2	3	.....	790
2d,	12	331	342	63	20	8	4	1	.....	781
3d,	4	303	336	90	20	18	3	3	.....	777
4th.	4	287	345	82	20	13	6	1	2	760
5th,	7	264	300	59	18	8	10	5	.....	671
6th,	1	84	90	23	13	5	6	3	2	227
7th,	4	65	62	19	9	5	4	4	1	173
8th,	3	57	51	17	6	5	5	2	.....	146
9th,	.....	51	36	13	6	4	1	1	.....	112
10th,	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

PULSE

DURING THE PUERPERIUM.

A.M.

DAY.	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	100 to 110	110 to 120	120 to 130	130 to 140	No. of Cases Obs'v'd
1st,	53	169	343	181	76	14	11	3	2	852
2d,	37	134	355	202	78	30	10	3	1	850
3d,	20	119	340	230	105	22	13	3	1	853
4th,	25	124	336	234	97	14	10	3	1	844
5th,	28	135	360	198	71	28	9	1	2	832
6th,	31	122	342	188	57	15	8	3	1	767
7th,	23	118	322	160	61	19	10	1	.....	714
8th,	32	107	345	170	55	10	3	1	1	724
9th,	18	96	326	163	39	11	3	1	2	659
10th,	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

P.M.

DAY.	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	100 to 110	110 to 120	120 to 130	130 to 140	No. of Cases Obs'v'd
1st,	41	138	308	189	67	20	11	4	2	780
2d,	30	103	325	190	74	33	21	2	1	779
3d,	24	84	304	221	85	29	23	6	1	777
4th,	15	101	295	228	71	21	14	4	3	752
5th,	23	88	284	178	63	13	13	4	4	670
6th,	10	26	84	62	23	14	6	3	.....	228
7th,	2	19	67	44	19	11	6	1	.....	169
8th,	4	9	51	36	17	5	4	2	.....	138
9th,	5	15	42	19	20	5	1	.....	.....	107
10th,	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

HEIGHT OF FUNDUS UTERI ABOVE SYMPHYSIS DURING THE PUERPERIUM.

DAY.	1 inch	2 inch's	3 inch's	4 inches	5 inch's	6 inch's	7 inch's	8 inch's	9 inch's	No. of Cases Obs'v'd
1st,	5	4	22	82	231	257	141	39	6	787
2d,	5	7	43	168	280	206	69	13	1	792
3d,	3	16	87	254	264	126	24	2	.....	776
4th,	3	24	141	296	200	68	16	2	.....	750
5th,	9	41	219	280	141	37	5	2	.....	734
6th,	15	86	212	227	86	19	.....	.....	.....	645
7th,	23	103	259	157	53	12	.....	.....	.....	607
8th,	39	138	194	116	34	6	.....	1	.....	528
9th,	40	113	152	68	25	1	.....	.....	.....	399
10th,	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

BREASTS DURING THE PUERPERIUM.

It is recorded that the breasts were caked upon the several days of the puerperium as follows:—

Upon the 1st day ..... in 4 cases
" " 2d " ..... " 55 "
" " 3d " ..... " 97 "
" " 4th " ..... " 113 "
" " 5th " ..... " 113 "
" " 6th " ..... " 73 "
" " 7th " ..... " 66 "
" " 8th " ..... " 44 "
" " 9th " ..... " 23 "

DATE OF SEPARATION OF THE UMBILICAL CORD.

It is recorded in 681 cases that the cord separated as follows:—

Upon the 3d day... ..... in 42 cases
" " 4th " ..... " 147 "
" " 5th " ..... " 180 "
" " 6th " ..... " 143 "
" " 7th " ..... " 78 "
" " 8th " ..... " 51 "
" " 9th " ..... " 40 "

PROLAPSE OF THE CORD.

It is recorded that the cord was prolapsed in 10 cases of the 764 where presentation was noted, or one case in 76.4 cases. The presentation and results in these cases were:—

1. (C. N. 255) Shoulder, cord pulsating, podalic version, child asphyxiated at birth, lived 5 days.
2. (C. N. 885) Shoulder, cord pulsating, podalic version, living child.
3. (C. N. 1067) Shoulder, cord pulsating, podalic version, living child.
4. (C. N. 258) Breech, cord pulseless, child breathed a few times.
5. (C. N. 547) Breech, cord pulsating, still-birth.
6. (C. N. 1139) Breech, cord pulseless, still-birth.
7. (C. N. 528) Vertex, cord pulseless, low forceps, still-birth.
8. (C. N. 588) Vertex, cord pulsating manual, extraction of head, still-birth.
9. (C. N. 951) Vertex, cord pulsating, podalic version, living child.
10. (C. N. 1056) Vertex, second of twins, cord pulsating, podalic version, living child.

PLACENTA PREVIA.

In the 764 cases of recorded presentation, placenta previa occurred 6 times, or one case in 127.43 cases.

1. (C. N. 202) Shoulder presentation; living mother and child.
2. (C. N. 349) Shoulder presentation; living child, eight months; mother died third day of œdema of the lungs.
3. (C. N. 398) Breech presentation; still-birth, eight months; mother made good recovery.
4. (C. N. 446) Twins, six months; both vertex presentation; still-birth; mother made good recovery.
5. (C. N. 729) Vertex; still-birth, ninth month; no evidence of fœtal life during labor; mother made good recovery.
6. (C. N. 939) Twins, sixth month; still-birth; mother made good recovery.

ECLAMPSIA.

1. (C. N. 330) Age 33; VIII para; first seen during labor; no previous examination of urine; shoulder presentation; podalic version; suppression of urine; convulsion and death first day p. p.

2. (C. N. 837) Age 20; I para; first seen during labor; no ante-partum analysis of urine; labor normal; convulsion on third day p. p.; recovery.
3. (C. N. 899) Age 27; II para; urine normal Sept. 15th (date of labor); convulsions during labor; low forceps; recovery.
4. (C. N. 1131) Age 38; VIII para; first seen during labor in consultation with outside physician; convulsions during labor; no record of urine examination; high forceps; patient left in charge of physician.

Besides these cases, albumin was found in the urine 14 times ante partum, but in no case did further symptoms appear.

Another class of cases of albuminuria occurred in post-partum cases and indicated an acute nephritis complicating septicæmia. There were three such cases with one death.

CORD AROUND THE NECK.

The cord was around the neck in	211 cases
" not around the neck in	544 "
Total	755 cases

Not present in 2d stage	147	
Abortions	64	
Not noted	8	219 "
Total		974 cases

TWINS.

In the 955 cases attended there were 19 cases of twins, or one case in 50.26 cases of labor.

OPERATIONS.

During 1891 the following operations were performed.

Forceps :

Low	8 cases
High	10 "
To the after-coming head	2 "

Version :

External cephalic	1 cases
Internal podalic	18 "
Manual extraction of the placenta	18 cases
Disengagement of backward displacement of arms	1 case
Reposition of prolapsed arm	2 cases
Manual rectification of face presentation (changed into vertex)	1 case

Perineorrhaphy :

Primary operation	38 cases
Secondary "	1 case
Total	39 cases

Manual extraction in breech presentations :

In breech presentations	16 cases
After podalic version	18 "
Total	34 cases

Manual extraction in vertex presentations ..... 1 case

FATAL CASES.

Of the 955 cases treated by the Dispensary, 10 died, or one case in 95.5 cases.

1. (C. N. 295) Age 28; II para; confined by midwife. First seen sixth day post partum: septicæmia, pneumonia, metastatic abscess, hæmatemesis; death forty-eighth day post partum.
2. (C. N. 330) Age 23; VIII para; confined by Dispensary; shoulder presentation, podalic version, still-birth, suppression of urine, convulsions; death first day post partum.
3. (C. N. 349) Age 34; II para; confined by Dispensary; shoulder presentation, placenta previa, podalic version, living child; œdema of lungs, and death third day post partum.
4. (C. N. 399) Age 28; I para; confined by midwife; first seen third day post partum; septicæmia, collapse: death fourth day post partum.
5. (C. N. 420) Age 24; I para; confined by Dispensary; hydrocephalus, vertex presentation, podalic version, severe lacerations of cervix and perineum, septicæmia; death sixth day post partum.

6. (C. N. 426) Age not noted; IX para; confined by Dispensary after repeated failure by others; shoulder presentation, first seen in second stage, shock, podalic version, still-birth; collapse; death on day of confinement. Probable rupture of uterus.

7. (C. N. 769) Age 27; V para; confined by Dispensary; shoulder presentation, podalic version, forceps to after-coming head, still-birth; ante-partum and post-partum hemorrhage from cerfvix, collapse; death seven hours post partum.

8. (C. N. 864) Age 40; VI para; confined by Dispensary; breech presentation, labor easy, puerperium normal till tenth day, septicæmia, sent to Bellevue Hospital fifteenth day post partum; death twenty-second day post partum.

9. (C. N. 1016) Age 35; VII para; confined by Dispensary; labor normal, septicæmia; nephritis; death sixth day post partum.

10. (C. N. 1093) Age 35; IX para; confined by midwife; labor easy; first seen third day post partum; lobar pneumonia; death seventh day post partum.

REPORT OF THE EMBRYOLOGIST.

GEO. S. HUNTINGTON, M.D.

During the year ending December 31st, 1891, the embryological and anatomical material yielded by the service of the Midwifery Dispensary has been systematically collected.

The opportunity for immediate and careful preservation and preparation of the embryos for section, and the abundance of the material, render the prospects of obtaining valuable results exceedingly promising.

The specimens received classify themselves as follows:

1. Human embryos, 22 specimens, from 8 mm. upward.
2. Abnormalities and variations of placenta and funis, 8 specimens,
3. Monstrosities, 2. anencephalous monsters.

The investigations of which these specimens form the basis are at present in progress, and it is expected that some of the results will be incorporated in the next report of the Dispensary.

REPORT OF THE ORTHOPEDIC SURGEON.

T. HALSTED MYERS, M.D.

In November, 1891, the Medical Board decided to appoint an orthopedic surgeon to the Midwifery Dispensary. From that time until January 1st, 1892, 180 confinements were attended and but one malformation was noted.

Congenital deformities are especially frequent in the hands and feet—parts of the body whose strength and usefulness are most important to the poor, and it is the intention of the Dispensary to institute treatment, in the cases which occur in its service, as soon after birth as practicable. In this way much valuable time will be saved, and the best results obtained with the least labor and expense to both patient and surgeon. The deformity in the case mentioned was so rare that I report it rather fully.

Case I.—Congenital Deformities of Upper and Lower Extremities

The patient was the second child, born at term after a normal labor, of Russian parents. Nothing abnormal was noted in the placenta, membranes, or the amount of liquor amnii. Measurements of the skull were normal. There were no deformities of the trunk, no paralysis, no spastic condition of the muscles. The first child was well formed. The mother's health had been good during gestation.

My first examination was made when the child was six weeks old. At this time both hands showed contraction of flexor and abductor muscles, presenting well-marked ulnar-palmar club-hand deformity. The left hand also presented one of the rarer forms of syndactylism : there was union of the soft parts alone, opposite the distal interphalangeal joints of the second and third fingers. This caused some constriction of the terminal phalanx of the second finger, whose development was, therefore, imperfect, though all its parts were present. This phalanx could not be flexed or extended voluntarily. There was no union between the two proximal phalanges. With this exception there was no absence nor faulty development of the bones of the upper extremities.

The lower limbs presented a severe degree of talipes



Fig. 1.



Fig. 2.

equino-varus on both sides. All the toes of the left foot were rudimentary and without nails, each being represented by one phalanx. The terminal phalanx of the fifth toe of the right foot was absent; the fourth and third toes were normal; the second and first were dislocated on the plantar surface of the metatarsal bones, had but two phalanges, and were united by a thick web of soft tissues for their whole length. The extremity of the great toe was connected by a narrow band of integumental tissues, two inches and a half long, to the posterior border of the left leg just below its middle. This band expanded in three places into small masses of soft tissue, and is fairly well shown in the photograph. Just above the attachment of this band at the middle of the left leg was a sharp constriction of the soft parts and even the bones were indented to a considerable degree; the circumference at the constriction was 2¾ in., while half an inch below it was 3¾ in., and an equal distance above 3¾ in. Both legs and both thighs were flexed, and there was some contraction of the soft parts behind the knees. Both patellæ were abnormally small.

Syndactylism is explained in two ways: by local inflammatory changes resulting in union of adjacent parts, or by supposing imperfect differentiation during fœtal development. The latter occurs certainly before the eighth week, when the digits become distinct, and probably much earlier and is due to changes the exact conditions and causes of which are unknown, affecting the early embryonic cell mass. (Pott: *Jahrbuch f. Kinderheilk*, Bd. XXI., 1884; Hirst and Piersol: "Human Monstrosities," page 52, 1891.)

In the case just described the malformations of the feet indicated these very early changes, but the syndactylism seems to me best explained by the occurrence of inflammatory changes at this point, the resulting constriction causing the faulty development below it. This explanation applies also, I think, to the band between the lower extremities. The great toe lies normally, in the early months of fœtal life, against the opposite leg. Inflammatory changes occurred, the tension on the resulting organized lymph band gradually lengthened it, and at the same time caused plantar dislocation of the toes. The saccular dilatations were of subsequent growth. The constriction of the left leg was just above the insertion of the connecting band and

seems to have been due to the same local inflammatory cause rather than the presence of amniotic bands, as is usually the case. (Montgomery: *Dublin Journal*, Vol. II., page 49; Scanzoni: "Lehrbuch der Geburtshülfe," etc.)

This case is unique in this respect. I can find reported only two cases of union of any kind between the lower extremities. Montgomery (*Dublin Journal*, May, 1832, page 140) reported a case where distinct bands of organized lymph formed a complete ligature about both hands and then passed to the legs, which were crossed, and surrounded them in this position just above the ankles; and Lagorsky in 1834 reported a case (Simpson, *Dublin Journal*, 1836, No. 29) where the right leg was absent and a band passed from the lower extremity of the right thigh, to and around the left leg just above the ankle. From the middle of this cord hung the rudimentary foot. The bands in both these cases have been considered of amniotic origin, but in the case I report the local origin seems more probable.

Slight hemorrhage occurred when the band was removed. Manipulation and bandaging soon made considerable improvement in the position of the feet and limbs, and from an orthopedic standpoint it is interesting to note that under massage the constriction began to relax perceptibly, with consequent improvement in the circulation below, so that probably no operation for its relief would have been necessary. The child died of marasmus when about ten weeks old. No autopsy was permitted.

STUDENTS.

There were 243 students instructed during the year as follows :—

Undergraduates of New York University Medical College	137	
" " College of Physicians and Surgeons	24	
" " Bellevue Hospital Medical College	18	
" " New York Homœopathic Medical College	7	
" " Long Island College Hospital	1	
		187
Graduates of New York University Medical College	33	
" " Bellevue Hospital Medical College	9	
" " College of Physicians and Surgeons	8	
" " University of Vermont Medical College	3	
" " Jefferson Medical College	1	
" " University of Minnesota	1	
" " Dartmouth Medical College	1	
		56
		243

Average number of cases each student assisted at	2.75
" " " " " " was present at	3.35
" " " " " " witnessed	6.09
Greatest " " " any one student assisted at	10.00
" " " " " " was present at	10.00

TREASURER'S REPORT.

Report of SAMUEL W. LAMBERT, M. D., Treasurer Midwifery Dispensary, for the year ending December 31st, 1891.

From Donations			$4,005.12
" Students			2,375.00
" Patients			266.50
" Forfeited deposits on Keys and Thermometers,			144.00
Cash on hand Jan. 1, '91			1,107.68
			$7,898.30

To Permanent Equipment:		
Household goods		$587.59
Surgical Instruments and Apparatus,		266.12
Alterations in Apartments		107.59
Books for Records		63.00
		$1,024.30
Running Expenses:		
Rent	$ 960.50	
Resident Physician	1,200.00	
Asst. Resident-Physician	1,075.00	
Extra Nursing	57.00	
Laundry	194.84	
House Cleaning	168.47	
Gas	165.80	
Miscellaneous	678.91	
Stationery and Printing	346.55	
Annual Report	207.50	
Drugs & Dressings	808.13	
Janitor	72.00	
Nurses	200.00	
Total Expenses		$6,135.20
		$7,159.50
Balance		738.80
		$7,898.30

DONATIONS TO MIDWIFERY DISPENSARY 1891.

Anon, per J. C. E.	$10.00
" " J. W. M.	200.00
" " A. L.	250.00
"	2.00
Austin Flint, Jr.,	150.00
Mrs. Gustav Baumann	5.00
Mrs. Frederick Gallatin	100.00
Mr. Elbridge T. Gerry	100.00
Miss How	5.00
Miss Ivison	25.00
Mrs. Ladenburg	25.00
Mrs. Mortimer	20.00
Mr. Sam'l L. Parish	60.00
Soc. N. Y. Lying-in Asylum	3,000.00
Thursday Afternoon Sewing Class	8.12
Mrs. G. G. Wheelock	25.00
Mrs. H. Willets	20.00
	$4,005.12

MIDWIFERY DISPENSARY,
314 Broome Street,

January 1st, 1892.

SOCIETY

OF THE

LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

INCORPORATED MARCH 1, 1799.

(MIDWIFERY DISPENSARY.)

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1893.

NEW YORK:
MARTIN B. BROWN, PRINTER AND STATIONER,
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No. 314 Broome Street.

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MEDICAL REPORT

OF THE

Society of the Lying-in Hospital of the City of New York.

It has been the custom of the Lying-in Hospital to make its annual report on the first of April, while the two reports of the Midwifery Dispensary have been issued on January 1. As it is now deemed advisable that all reports of the Lying-in Hospital should hereafter date from April 1, this report will cover a period of fifteen months.

The course of instruction has been made more thorough and efficient. In addition to the regular course of two weeks opportunity is now offered for advanced work in obstetrics in courses of longer or shorter duration, as may be desired by the applicant.

Two lectures are given each week by the attending physician on duty on the general subject of the management of obstetric cases and the practical importance of surgical cleanliness. At these lectures the different cases of the past week are reviewed upon the manikin, and current subjects of special interest are developed more fully than is possible at the bedside.

The number of medical men and students in medicine who have availed themselves of the course of instruction provided at the Hospital has more than doubled. The actual number instructed in 1890 was 62; in 1891, 243; in 1892, 360.

The recording of the daily observations on the proper blanks for permanent record is now under the supervision of the Assistant Registrar, who visits the Hospital at least four times a week, and personally directs the pupils in this important branch of instruction.

The amalgamation of the Midwifery Dispensary with this Society has been most advantageous and gives entire satisfaction to the Medical Board.

STATISTICAL SYNOPSIS.

By J. Clifton Edgar.

APPLICATIONS.

January, '92	198	October, '92	223
February, '92	204	November, '92	230
March, '92	216	December, '92	266
April, '92	203	January, '93	221
May, '92	202	February, '93	186
June, '92	218	March, '93	194
July, '92	255		
August, '92	243	Total	3,291
September, '92	232		

Number of cases attended by the Hospital	2,463
" secured other attendance	408
" moved away	136
" not pregnant	13
" referred to other institutions	8
" refused treatment	14
" unsuitable	1
" hospital unable to attend	14
" waiting confinement April, '93	234
Total	2,391

In addition to the above there were waiting confinement July 1, '92, 144 cases.

Of these the number of cases attended by the Hospital	120
" " secured other attendance	19
" " not found or moved away	3
Re-entered and counted as new applications in January	2
Total	144

ATTENDANCE.

January, 1892	157	October, 1892	203
February, 1892	143	November, 1892	155
March, 1892	166	December, 1892	201
April, 1892	166	January, 1893	177
May, 1892	152	February, 1893	153
June, 1892	169	March, 1893	182
July, 1892	171		
August, 1892	189	Total	2,583
September, 1892	199		

Number of cases confined by Dispensary	2,482
" unattended	90
" confined by midwives	7
" confined by outside physicians	4
Total	2,583

SOURCES THROUGH WHICH PATIENTS LEARNED OF THE HOSPITAL.

Former patients	1,946
City missions	60
Police Department	6
Good Samaritan Dispensary	82
Hebrew Charities	75
Midwives	83
Treated before	71
Public notices	6
Outside physicians	7
Other sources	42
Unknown	205
Total	2,583

NATIVITY.

United States	206	Switzerland	2
Germany	96	Sweden	4
Russia	1,784	Canada	4
Poland	92	Finland	1
Ireland	70	Galicia	6
England	30	Italy	3
Austria	175	Egypt	1
Roumania	44	Arabia	1
Hungary	39	Unknown	21
Scotland	3		
Holland	1	Total	2,583

CIVIL CONDITION.

Married	2,562
Single	1
Widow	6
Unknown	14
Total	2,583

AGE.

15 to 20 years	221
20 " 25 "	1,059
25 " 30 "	694
30 " 35 "	334
35 " 40 "	188
40 " 45 "	24
45 " 50 "	1
50 " 55 "	1
Not recorded	61
Total	2,583

Youngest	15 years (C. N. 2351)*
Oldest	52 " (C. N. 3571)*

PARA.

I. para in	654 cases.	XI. para in	21 cases.
II. "	449 "	XII. "	20 "
III. "	386 "	XIII. "	6 "
IV. "	275 "	XIV. "	2 "
V. "	223 "	XV. "	1 "
VI. "	190 "	XVI. "	1 "
VII. "	123 "	XVII. "	1 "
VIII. "	81 "	Not recorded	46 "
IX. "	66 "		
X. "	35 "	Total	2,583

MONTH OF GESTATION.

1st month	0 cases.
2d "	21 "
3d "	33 "
4th "	20 "
5th "	9 "
6th "	9 "
7th "	15 "
8th "	35 "
9th "	2,390 "
Not recorded	51 "
Total	2,583 cases.

*C. N. refers to the confinement number of the case as recorded upon the history chart.

PRESENTATION.

The presentation was observed in 2,328 cases as follows:

Vertex	in 2,203 cases	or once in	1.05	cases.
Breech	" 80	"	29.10	"
Shoulder	" 31	"	75.09	"
Face	" 12	"	194.00	"
Brow	" 1	"	2,328.00	"
Ear	" 1	"	2,328.00	"

RUPTURE OF THE MEMBRANES.

Artificial rupture of the membranes was done in 46 cases in the first stage of labor and in 302 cases in the second stage.

CONDITION OF CHILD.

In the 2,328 cases in which the presentation was noted, the condition of the child was as follows:

Vertex, living	2,155	
" still-born, macerated	12	
" " prolapsed cord	5	
" " ruptured uterus	3	
" " premature	2	
" " contracted pelvis	2	
" " " and prolapsed cord	1	
" " hydrocephalus	1	
" " accidental hemorrhage	1	
" " eclampsia	1	
" " cord about neck five times and shoulders once	1	
" " delayed delivery, unsuccessful forceps by outside physician	1	
" " no complication recorded	18	
	—	48
Total		2,303

Breech, living	58	
" still-born, macerated	11	
" justo-minor pelvis	3	
" spondylolithetic pelvis	1	
" hydrocephalus	1	
" prolapsed cord	1	
" cord about neck, six times	1	
" found dead, delivery incomplete	1	
" no complication recorded	3	
	—	22
Total		80

Shoulder, living	20	
" and prolapsed cord, living	3	
		— 23
" still-born, prolapsed cord	3	
" placenta prævia	8	
" no complication recorded	2	
		— 8
Total		31
Face, living		10
" still-born after version		2
Total		12
Brow, living		1
Ear, still-born after craniotomy		1

Five other cases were delivered before arrival of hospital attendants in which the fetuses were still-born, four were macerated and one premature.

SEX OF CHILD.

Male	1,313 cases.
Female	1,179 "

DELIVERY OF PLACENTA.

2,309 *Observations.*

Natural forces	in	340 cases.
Expression	"	1,915 "
Manual extraction	"	54 "
Total		2,309

IMPLANTATION OF CORD.

2,353 *Observations.*

Central	in	1,196 cases.
Lateral	"	1,077 "
Marginal	"	77 "
Velamentous	"	3 "
Total		2,353 "

CONDITION OF PLACENTA.

2,399 *Observations.*

Normal	in	1,891	cases.
Calcareous	"	315	"
Succenturiata	"	2	"
Apoplectic	"	16	"
Cystic	"	15	"
Fibrous	"	85	"
Fatty	"	165	"
Total		2,399	

TEMPERATURE OF MOTHER (One Hour After Labor).

2,376 *Observations.*

95½° to 96½°	in	2	cases.
96½° " 97½°	"	18	"
97½° " 98½°	"	874	"
98½° " 99½°	"	1,213	"
99½° " 100½°	"	231	"
100½° " 101½°	"	31	"
101½° " 102½°	"	4	"
102½° " 103½°	"	1	case.
103½° " 104½°	"	5	cases.
104½° " 105½°	"	2	"
Total		2,376	

PULSE OF MOTHER (One Hour After Labor).

2,394 *Observations.*

40 to 50	in	7	cases.
50 " 60	"	103	"
60 " 70	"	441	"
70 " 80	"	1,063	"
80 " 90	"	550	"
90 " 100	"	162	"
100 " 110	"	35	"
110 " 120	"	24	"
120 " 130	"	3	"
160	"	1	case.
Total		2,394	

DURATION OF THE SEVERAL STAGES OF LABOR.

FIRST STAGE.

1,394 *Observations.*

Shortest, 20 minutes; longest, 133 hours, 15 minutes; average duration, 11 hours, 44 minutes, 38 seconds.

SECOND STAGE.

2,012 *Observations.*

Shortest, 30 seconds; longest, 55 hours; average duration, 1 hour, 29 minutes, 18 seconds.

THIRD STAGE.

2,406 *Observations.*

Shortest, 1 minute; longest, 20 hours; average duration, 27 minutes, 49 seconds.

VAGINAL EXAMINATIONS.

First stage—			
One examination	in	91	cases.
Two "	"	364	"
Three "	"	212	"
Four "	"	335	"
Five "	"	195	"
Six "	"	207	"
Seven "	"	127	"
Eight "	"	97	"
Nine "	"	38	"
Ten "	"	132	"
These examinations made by			
Pupils	in	1,629	cases.
Staff	"	441	"
Second stage—			
One examination	in	360	cases.
Two "	"	690	"
Three "	"	302	"
Four "	"	260	"
Five "	"	139	"
Six "	"	138	"
Seven "	"	67	"
Eight "	"	49	"
Nine "	"	34	"
Ten "	"	69	"
These examinations made by			
Pupils	in	1,750	cases.
Staff	"	476	"

MEDICATION.

It is the practice of this Hospital to give drugs to parturient women only for positive indications. In connection with this subject it is recorded that ergot was administered to but sixty-one cases.

HEMORRHAGE.

Ante-partum—404 *Observations.*

Slight	in 386 cases
Moderate	" 10 "
Considerable	" 3 "
Profuse	" 5 "
Total	404

Post-partum—1,854 *Observations.*

Slight	in 1,788 cases.
Moderate	" 35 "
Considerable	" 10 "
Profuse	" 21 "
Total	1,854

WEIGHT OF CHILD.

2,470 *Observations.*

1 to 2 lbs.	in 4 cases.	9 to 10 lbs.	in 343 cases.
2 " 3 "	" 4 "	10 " 11 "	" 118 "
3 " 4 "	" 15 "	11 " 12 "	" 41 "
4 " 5 "	" 37 "	12 " 13 "	" 12 "
5 " 6 "	" 99 "	13 " 14 "	" 4 "
6 " 7 "	" 331 "	14 " 15 "	" 1 "
7 " 8 "	" 802 "		
8 " 9 "	" 659 "		2,470

TEMPERATURE OF CHILD AT BIRTH.

1,867 *Observations.*

96° to 97°	in 342 cases.	99° to 100°	in 162 cases.
97° " 98°	" 704 "	100° " 101°	" 33 "
98° " 99°	" 642 "	101° " 102	" 2 "

TEMPERATURE OF MOTHER

DURING THE PUERPERIUM.

A. M.

DAY.	96½° to 97°.	97¼° to 98¼°.	98½° to 99½°.	99¾° to 100¼°.	100½° to 101½°.	101¾° to 102¼°.	102¾° to 103¼°.	103¾° to 104¼°.	104¾° to 105½°.	No. of Cases Obs'v'd
Labor.	3	134	355	73	10	1	..	2	..	578
1st....	32	1,034	1,266	104	16	8	3	2	..	2,465
2d.....	17	997	1,326	101	21	11	7	1	1	2,482
3d.....	14	933	1,361	131	28	10	4	4	..	2,485
4th....	8	916	1,312	133	22	11	6	3	..	2,411
5th....	16	889	1,304	123	24	7	3	1	1	2,367
6th....	9	858	1,246	100	22	11	5	1	2	2,254
7th....	8	816	1,114	115	13	10	11	2	..	2,089
8th....	5	769	1,013	96	10	9	2	2	2	1,908
9th....	7	602	723	41	9	8	6	1	1	1,398

P. M.

DAY.	96½° to 97°.	97¼ to 98¼°.	98— to 99½°.	99¾° to 100¼°.	100° to 101¼°.	101¼° to 102¼°.	102½° to 103¼°.	103¼° to 104°¼.	104¼° to 105½°.	No. of Cases Obs'v'd
Labor.	1	185	523	164	25	1		..	..	900
1st...	11	850	1,314	132	20	12	6	3	2	2,350
2d.....	6	724	1,164	152	35	17	6	2	2	2,108
3d.. ..	7	612	1,164	200	34	15	10	3	..	2,044
4th....	6	436	801	118	30	12	12	1	1	1,417
5th ...	6	377	744	100	22	15	3	6	1	1,273
6th....	1	157	274	53	15	9	10	5	1	525
7th....	1	96	184	52	15	6	2	4	1	361
8th....	1	79	152	19	12	6	6	4	1	280
9th....	..	68	105	20	4	5	9	1	..	211

PULSE OF MOTHER

DURING THE PUERPERIUM.

A. M.

DAYS.	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	100 to 110	110 to 120	120 to 130	130 to 140	No. of Cases Obs'v'd
Labor .	8	118	214	178	43	11	3	1	..	576
1st	88	548	1,109	676	145	39	17	3	1	2,466
2d	61	413	1,104	661	181	44	14	5	3	2,486
3d	41	346	1,060	745	218	40	16	8	1	2,475
4th. . .	48	381	1,074	659	206	25	14	4	2	2,413
5th. . . .	55	414	1,091	607	153	23	17	4	1	2,365
6th. . . .	64	385	1,071	567	128	28	8	6	..	2,257
7th. . . .	47	324	988	523	154	35	20	2	1	2,094
8th. . . .	44	281	943	478	110	30	10	5	1	1,910
9th. . . .	40	196	743	329	63	18	6	2	..	1,397

P. M.

DAYS.	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	100 to 110	110 to 120	120 to 130	130 to 140	No. of Cases Obs'v'd
Labor..	22	174	330	256	81	21	4	2	2	892
1st. . . .	84	373	991	673	150	34	13	8	3	2,339
2d	45	331	884	572	179	49	20	9	3	2,092
3d	32	283	858	612	169	50	15	4	3	2,026
4th. . . .	38	225	604	370	117	26	17	6	2	1,405
5th. . . .	35	233	561	319	75	24	10	3	..	1,258
6th. . . .	19	89	201	135	44	11	12	4	1	516
7th. . . .	9	46	143	101	44	10	7	1	3	364
8th. . . .	6	32	111	74	28	12	5	2	1	271
9th. . . .	9	33	78	57	21	8	2	1	1	209

BREASTS.

Day.	Labor.	1st.	2d.	3d.	4th.	5th.	6th.	7th.	8th.	9th.
Normal.	1,002	2,529	2,446	2,277	2,195	2,251	2,242	2,129	1,955	1,468
Caked.	10	14	61	164	221	168	129	95	65	25
Abscess.	..	..	..	..	..	..	..	..	1	..
Total..	1,012	2,543	2,507	2,441	2,416	2,419	2,371	2,224	2,021	1,493

UTERUS.

HEIGHT ABOVE SYMPHYSIS IN INCHES DURING THE PUERPERIUM.

Days.	1 Inch.	2 Inches.	3 Inches.	4 Inches.	5 Inches.	6 Inches.	7 Inches.	8 Inches.	9 Inches.	10 Inches.	11 Inches.	12 Inches.	13 Inches.	14 Inches.	No. of cases Observed.
Labor	5	3	21	104	348	356	108	34	4	2	..	..	..	..	985
1st	8	13	86	454	906	703	193	32	5	3	..	1	..	1	2,405
2d	5	24	156	856	862	385	65	4	1	..	..	..	..	1	2,376
3d	6	63	463	1028	605	166	31	4	1	1	..	..	..	1	2,379
4th	7	145	741	923	391	82	7	3	1	..	..	..	..	1	2,291
5th	31	268	882	714	244	41	4	1	..	..	..	..	..	1	2,186
6th	71	413	822	530	124	21	3	..	..	..	..	..	1	..	1,985
7th	112	420	603	338	64	7	1	..	..	..	..	..	1	..	1,646
8th	110	419	540	188	24	9	2	..	1	..	..	..	1	..	1,294
9th	89	259	297	35	18	8	1	..	..	..	..	..	1	..	771

EYES OF CHILD DURING PUERPERIUM.

Day.	1st.	2d.	3d.	4th.	5th.
Inflamed	44	48	61	66	69
Normal	2,355	2,340	2,318	2,302	2,285
Total	2,399	2,388	2,379	2,368	2,354

Day.	6th.	7th.	8th.	9th.	10th.
Inflamed.....	96	108	103	91	38
Normal	2,234	2,147	2,018	1,581	592
Total.....	2,330	2,251	2,121	1,672	630

SEPARATION OF THE UMBILICAL CORD.

1,863 *Observations.*

The cord separated on the	2d	day in	7	cases.
" "	3d	"	97	"
" "	4th	"	416	"
" "	5th	"	541	"
" "	6th	"	400	"
" "	7th	"	233	"
" "	8th	"	110	"
" "	9th	"	42	"
" "	10th	"	17	"
Total			1,863	"

DURATION OF ATTENDANCE.

Average number of days' attendance on each case, 9 days, 6 hours.
Greatest number of days' attendance on any one case (C. N. 3692), 59 days.
Least number of days' attendance on any one case (several), 1 day.

PROLAPSE OF THE CORD.

The cord was prolapsed in 26 cases out of the 2,328 cases where the presentation was observed, or one case in 89.53 cases.

The presentation and the result in these cases were as follows:

1. (C. N. 1175) Vertex; L. O. A.; cord pulsating: knee-chest position; reposition; still-birth.
2. (C. N. 1191) Face; R. M. A.; podalic version; living child.
3. (C. N. 1205) Vertex; R. O. A.; cord pulseless; still-birth.
4. (C. N. 1216) Vertex; internal podalic version; living child.
5. (C. N. 1280) Shoulder; dorso-anterior; cord pulsating; manual reposition; living child.
6. (C. N. 1308) Breech; R. S. A.; cord pulsating; rapid delivery; still-birth.
7. (C. N. 1331) Shoulder; R. Scap. P.; podalic version; still-birth.

8. (C. N. 1424) Vertex; R. O. A.; cord pulsating; knee-chest position; reposition unsuccessful; still-birth.
9. (C. N. 1461) Vertex; L. O. A.; cord pulsating; still-birth.
10. (C. N. 1554) Shoulder; L. Scap. A.; cord pulsating; podalic version; still-birth.
11. (C. N. 1738) Shoulder; L. Scap. P.; living child.
12. (C. N. 1752) Shoulder; L. Scap. P.; cord pulsating; podalic version; still-birth.
13. (C. N. 1769) Vertex; L. O. A.; cord pulsating; knee-chest position; reposition; living child.
14. (C. N. 1899) Shoulder; L. Scap. P.; podalic version; living child.
15. (C. N. 2430) Vertex; R. O. A.; cord pulseless; attempt at reposition; still-birth.
16. (C. N. 2715) Breech; L. S. A.; breech extraction; living child.
17. (C. N. 2720) Vertex; L. O. A.; podalic version: living child.
18. (C. N. 2901) Vertex; L. O. A.; podalic version; living child.
19. (C. N. 3303) Vertex; L. O. A.; cord pulseless; podalic version; still-birth.
20. (C. N. 3314) Vertex; R. O. P.; rupture of the uterus, causing recession of head and prolapse of the cord; podalic version; still-birth; death of mother.
21. (C. N. 3393) Breech; L. S. A.; breech extraction; living child.
22. (C. N. 3463) Vertex; L. O. A; podalic version; living child.
23. (C. N. 3477) Shoulder; L. Scap. A.; podalic version; living child.
24. (C. N. 3507) Vertex; L. O. A.; arm and foot prolapsed; podalic version; living child.
25. (C. N. 3554) Vertex; L. O. A.; Trendelenberg position; living child.
26. (C. N. 3654) Vertex; L. O. A.; podalic version; still-birth.

PLACENTA PRÆVIA.

Placenta prævia occurred eight times out of 2,328 cases with recorded presentation. This is one case in 291 cases.

1. (C. N. 1198) 6th month gestation; vertex presentation; podalic version; still-birth; death of mother from ruptured uterus 36 hours post partum.
2. (C. N. 1738) 9th month gestation; shoulder presentation; external podalic version; dilatation by Barnes' bags; living child; mother made good recovery.
3. (C. N. 1751) 7th month gestation; shoulder presentation; podalic version; still-birth; mother made good recovery.
4. (C. N. 2182) 8th month gestation; shoulder presentation; tampon; podalic version; still-birth; mother recovered.
5. (C. N. 3466) 9th month gestation; shoulder presentation; accouchment forcé; podalic version; living child; mother recovered.
6. (C. N. 3562) 9th month gestation; shoulder presentation; accouchment forcé; podalic version; still-birth; death of mother three hours post partum.

7. (C. N. 3595) 8th month gestation; shoulder presentation; podalic version; living child; recovery of mother.
8. (C. N. 3671) 9th month gestation; vertex presentation; accouchment forcé; podalic version; living child; mother recovered.

ECLAMPSIA AND ALBUMINURIA.

1. (C. N. 1425) 9th month gestation; age 34; V para; first seen in second stage of labor; cyanotic; T. 97.4°; P. 140; R. 40; marked œdema of lungs and general anasarca; urine contained large amount of albumen; no convulsions; died fourth day p. p.
2. (C. N. 1969) 9th month; age 22; II para; mild eclamptic attack first day p. p.; urine no albumen during attack or ante-partum; good recovery.
3. (C. N. 2381) 9th month; age 24; I para; urine no albumen; 6 weeks ante-partum; urine large amount of albumen; fatty and hyaline casts on day of confinement; convulsions during and after labor; forceps delivery; died first day post partum.
4. (C. N. 3564) 9th month; age 21; I para; urine no albumen four weeks ante-partum; convulsions before and after birth of child; forceps delivery; died first day post partum.

Albuminuria occurred in 25 other cases of those examined before labor; in none were there further symptoms.

CORD ABOUT THE NECK.

It is recorded that the cord was about the neck of the child in 575 cases out of the 2,328 cases in which the presentation was observed, or once in 4.04 cases.

TWINS.

In the 2,583 cases twins occurred 36 times, or one case in 71.75 cases of labor.

OPERATIONS.

During the period covered by the report the following operations were performed:

Forceps—	
Low	26
High	18
Medium	9
To after-coming head	1
Total	54

Versions—	
External cephalic	8
Internal podalic	56
Total	64

Four of the cases of cephalic version were unsuccessful and podalic version was subsequently performed.

Manual extraction of breech—	
In breech presentation	80
After podalic version	56
Total	136

Manual extraction of placenta	54
Manual extraction of membranes	112
Perineorrhaphy	199
Symphysiotomy	1
Induction of labor	4
Craniotomy	2

On December 24, 1893, a Cæsarian section was performed upon a woman born in Poland, 34 years of age. Sänger's method was adopted, the uterus being lifted out of the abdomen; silk sutures were used for both uterine and abdominal wounds. As this report goes to press one month after operation, the mother is up and about taking care of the child, which has gained a pound in weight since its birth. A detailed account of this case will appear in the next Report.

J. W. Markoe, M. D.

FATAL CASES.

Of the 2,583 cases attended by the Hospital, eleven died, or one death in 234.81 cases.

1. (C. N. 1198) Age 36, para VI.; sixth month of gestation; confined by Hospital; placenta prævia; dilatation by Barnes bags; rupture of uterus; podalic version; death second day from shock.
2. (C. N. 1425) Age 34; para V.; confined by Hospital; vertex, L. O. A.; full term; pulmonary œdema in second stage of labor, and symptoms of acute diffuse nephritis; death from above cause on second day.
3. (C. N. 1547) Confined by Hospital; twins; breech extraction; facial erysipelas of eight days duration; woman first seen in second stage of labor and at that time was in collapse; death in forty-eight hours from shock.

4. (C. N. 1723) Age 38 ; para VI. ; confined by Hospital ; vertex L. O. A. ; prolapse of hand ; premature delivery seventh month ; temperature labor day, 101.1 ; pulse 132 ; broncho-pneumonia and death on seventeenth day.

5. (C. N. 2381) Age 24 ; para I. ; confined by Hospital ; twins ; low forceps ; breech extraction ; eclampsia ; urine contains albumen and casts ; death on first day from eclampsia.

6. (C. N. 2429) Age 35 ; para XI. ; confined by Hospital ; vertex ; L. O. A. ; still-birth ; accidental hemorrhage ; slight post-partum hemorrhage ; temperature labor day, 100.2 ; death from inanition on seventh day.

7. (C. N. 3267) Age 34 ; para VII. ; confined by Hospital ; previously in charge of midwife ; patient suffering from shock when first seen ; rupture of uterus, evidently of several hours' duration ; manaul extraction of child and placenta from abdominal cavity through utero-vaginal rent ; still-birth ; death in 36 hours from shock.

8. (C. N. 3314) Age 23 ; para II ; confined by Hospital ; vertex ; R. O. P. ; pendulous abdomen ; rupture of uterus ; prolapse of funis ; podalic version ; manual extraction of placenta ; death fourth day from shock.

9. (C. N. 3351) Age 21 ; para I. ; confined by Hospital ; vertex ; R. O. P. ; labor eight hours ; pulmonary tuberculosis third stage ; pulmonary hemorrhage before and during delivery ; extensive œdema of lower extremities; pulmonary œdema ; death from exhaustion two hours pos-partum.

10. (C. N. 3562) Age 30 ; para VII. ; confined by Hospital ; shoulder, L. Scap. P. ; placenta praevia ; hemorrhage ; shock ; accouchment forcé ; podalic version ; extraction ; death from shock.

11. (C. N. 3564) Age 21 ; para I. ; vertex ; R. O. P. ; confined by Hospital ; eclampsia ; low forceps ; coma ; death few hours post-partum.

FEVER IN THE PUERPERAL WOMAN.

By SAMUEL W. LAMBERT, M. D., and H. McM. PAINTER, M. D

INTRODUCTION.

Definition of Fever as here used.—The normal temperature of the body is a variable one, changing with the time of day, with the periods of fasting and with other factors. It is impossible, therefore, to determine any definite point which shall serve as an absolute boundary between "fever" above and "the normal temperature" below. Different authors have taken various points as the limit of the normal temperature during the puerperium. We may cite the following examples:

Boxall (3), of London regards every temperature above 100° F. as fever; Mermann (32), of Mannheim, classifies as fever all cases in which even a single rise above 38° C. (100.4° F.) occurs. Leopold (27) of Dresden places the same arbitrary point (38° C., 100.4° F.) above which fever should be considered as existing. Von Szabo (41), of Prag, considers 38.2° C. (100.75° F.) as the fever limit.

We do not believe that the puerperal state is capable in any of its normal relations of causing pyrexia, and we are strongly of the opinion that temperatures between 99° and 100° F. often indicate a beginning pathological process—septic in origin—which is responsible for many of the pelvic conditions subsequently treated by the gynæcologist. We have, however, fixed upon 100.5° F. as the limit of the normal temperature in these cases.

Nature of Report.—The following report is an analysis of the 591 cases in the service of the Lying-in Hospital in which the temperature was even once recorded above 100.5° F. It covers a period of three years and three months (January 18,

1890, to April 1, 1893), and represents a service of 3,737 puerperal cases.

Character of Cases here Reported.—A few words of explanation may be offered here with regard to the character of the cases reported by us. The entire work of the Hospital is done in the poorest class of tenement houses in this city. The tenants are in very large proportion Russian and Polish Jews who have been but a short time in this country. Their domestic surroundings and their general physical condition can scarcely be described. Their houses are with few exceptions squalid, filthy and wretched and the people themselves often weak and anæmic. All the cases of this Hospital are used for the purpose of instructing medical graduates and students who come into personal contact with the parturients. The labors are overseen by the house staff, and the post-partum nursing is done exclusively by the pupils of the Hospital. It will readily be conceded that these conditions are not so favorable for an uninterrupted puerperium as are to be found in the modern lying-in hospital.

Even under these unfavorable conditions our total percentage of fever cases is not attributable to ourselves. A very large proportion of our severer cases of fever has come to us from midwives and outside physicians who have deserted their patients when death seemed imminent or money for fees was exhausted. A proper estimate of our results is therefore possible only when it is understood that until March, 1892, it was our custom to take patients at any period of the puerperal state. Thus many cases of infection came under our care in a critical condition. Since the above date, owing to the great increase in the service, no post-partum cases whatever have been taken. Dividing then the service into two periods, according to the admission or exclusion of post-partum cases, the percentage of fever is as follows: In the period in which post-partum cases were admitted 1,454 patients were treated, among which there were 301 cases of fever, or 20.70%. In the period in which post-partum cases were excluded, 2,283 patients were confined, among which there were 290 cases of fever, or 12.70%. Out of a total of 591 cases of fever we have recognized 143 as of septic origin. Of these 143

septic cases 40, or 27.97%, came under the care of this Hospital after labor and after infection had taken place. It is also to be noted that these 40 infected cases make up 22.98% of the total number of post-partum cases treated by the Hospital.

Statistics on Total Fever Cases.—We have already stated that 591 cases out of our 3,737 puerperal cases had at least one rise of temperature to 100.5° F. or above. This is a fever percentage of 15.81.

Statistics on this same point have been recorded by other observers as follows:

Mermann (32), (cases used for instruction of midwives—examined without internal disinfection):

900 cases of labor—56 cases of temperature over 38° C. (100.4° F.)....6%

Leopold (27 f), (cases used for instruction):

1,387 cases—21.77% of fever over 38° C. from all causes.					Ante-partum treatment by rubbing vagina and cervix and douche of bichloride of mercury.
1,388 " —17.36%	"	38° C.	"	"	
1,369 " —20.90%	"	38° C.	"	"	
440 " —16.82%	"	38° C.	"	"	
836 " — 9.20%	"	38° C.	"	"	No ante partum treatment whatever.
1,358 " — 7.70%	"	38° C.	"	"	
1,487 " — 8.34%	"	38° C.	"	"	

Von Szabo (41), (cases used for instruction without internal disinfection):

3,613 cases—714 cases of fever over 38.2° C (100.75° F.).....19.75%

Zweifel (47), quoted by Leopold (internal antisepsis practiced):

726 cases; percentage of fever.....17.4%

Hofmeier and Steffeck (cases used for instruction—vagina thoroughly disinfected):

1,000 cases—85 cases of fever over 38° C. (100.4° F.).....8.5%

Madlener (29), (cases used for instruction—internal antisepsis practiced):

4,000 cases—744 cases of fever over 38.2° C. (100.75° F.).....18.6%

Among these very variable results, those of this Hospital as given above compare favorably.

In this connection it is interesting to note the following observations taken from the bedside charts:

1892	581	cases—averaged each	6	vaginal	examination	.....	in 1st stage.
	722	"	"	4	"	.....	in 2d "
1893	1,798	"	"	4.6	"	.....	in 1st "
	2,108	"	"	3.3	"	.....	in 2d "

CLASSIFICATION.

Five Classes of Fever Cases.—We have divided our cases of fever into five classes as they presented themselves clinically:

Class I.—Cases in which the breasts were hard and tender and the temperature became normal upon relief of this condition.

Class II.—Cases in which the bowels were constipated and the temperature became normal upon the exhibition of cathartics.

Class III.—Cases in which the temperature was evidently due to some complicating pathological condition not dependent upon the puerperal state.

Class IV.—Cases in which the temperature seemed to be due to the action of micro-organisms which had invaded the body through the parturient wounds.

Class V.—Cases in which no accountable cause for the temperature was obvious.

Class I. Fever due to changes in the breasts—Definition.—The cases of Class I. were patients whose temperature ranged between 100. 5° and 104. 8°, whose breasts were hard, caked, painful and tender, or showed the external signs of a more advanced inflammation; whose bowels might have been either slightly constipated or acting normally; in whom there were no pelvic or abdominal symptoms and the lochia were normal; and in whom a careful, general, physical examination revealed no abnormal condition sufficient to account for the temperature.

Milk Fever.—The time-honored term "milk fever," as used by obstetricians prior to a knowledge of the germ origin of inflammation meant more often than not a mild, general, septic infection. If the term is to be retained in medical nomenclature, it must be limited to those slight febrile movements that may be excited by the primary engorgement or slight "caking" of the breasts at the time when their secretion is established. Schröder (37), uses the term in this sense, and states that a rise above 38.2° C. (100.75° F.) is almost certainly due to some other cause.

Etiology and Pathology.—The condition, known as "caked breast," which seems to be considered by many the first stage of a suppurative inflammation, is properly only a marked predisposing cause. The actual condition is probably due to an imperfect emptying of the galactiferous ducts, resulting in a secondary involvement of the blood and lymph vessels and a certain amount of exudation. Such a condition presents a very acceptable nidus for the growth of bacteria. The breasts may cake at any period of lactation, but do so most frequently during the puerperal fortnight. Exudative inflammation of the breasts, or mastitis, which may or may not go on to suppuration, is always caused by an invasion of bacteria. Such infection takes place generally through the nipple, either by way of the galactiferous ducts, as proved by Bumm (15), and Escherich (12), or by way of the lymph vessels whose continuity has been broken by a fissure of the nipple. Infection may be possible, also, through the blood current of the general circulation. Any of the pyogenic bacteria may be the cause of any particular case of mastitis. Mastitis is pre-eminently a disease of the secreting gland, but it may occur in any breast, even in that of a maiden.

Symptoms and Clinical Cases.—The classical local symptoms of inflammation were present in these cases. *Pain*—The pain may be severe, and spontaneous, running into the axilla and arm, or there may be only tenderness to pressure. It is made worse by allowing the engorged gland to drag from its attachment, and in its worse form is a throbbing ache. *Heat*—The "caked" breast, and still more so the breast which is the seat

of an exudative inflammation, is hotter to the touch than the neighboring skin. This local heat is most marked when there is a lymphangitis, especially of the subcutaneous vessels.

Swelling may be general or local, and usually is a prominent objective sign, causing the breast to become tense and unyielding. The upper and outer quarter of the gland is the point where caking most frequently begins.

Redness is present only when the skin becomes involved in later stages, or when there is a marked involvement of the lymphatics.

The general symptoms are in mild cases limited to temperature and acceleration of the pulse rate.

Temperature—The temperature curve is usually not high and is short in duration. As is shown below, only nine cases that did not go on to abscess reached 103.5° F.

Pulse—The pulse is always of good force, and its frequency is usually less than the height of the temperature would lead one to expect. A pulse of 80 to 90 is not uncommon, even when the thermometer is recording temperatures over 102.5° F.

Headache is frequent and is usually proportionate to the febrile movement. It readily yields to treatment.

Sweating, also, is sometimes seen, but is most marked in the severer abscesses.

Pain in the back and joints is not a prominent symptom, and is greater or less as the thermometer is high or low.

Chills are infrequent unless there be an abscess forming. Vomiting, nervous symptoms, and the more serious manifestations of the febrile state have been conspicuous in our cases by their absence.

Analysis of Cases.—One hundred and eighteen cases of fever, or 3.16% of the total cases treated, were due to a complication in the breasts.

In 109 of these the exudative process subsided without the formation of abscess. The nine cases of abscess are analyzed below. In the following table the 109 non-suppurating cases are arranged according to the maximum elevation of temperature.

Maximum temperature,	100.5 to 101.5	in 63 cases
"	101.5 " 102.5	" 19 "
"	102.5 " 103.5	" 18 "
"	103.5 " 104.5	" 8 "
"	104.5 " 104.8	" 1 "

The classification of these cases according to the day of onset is given below. The point of special interest in the following table is the great predominance of the third and fourth days as day of onset for breast complications :

Fever began on	1st day post-partum	in 10 cases.
"	2d "	" 8 "
"	3d "	" 31 "
"	4th "	" 16 "
"	5th "	" 13 "
"	6th "	" 8 "
"	7th "	" 6 "
"	8th "	" 10 "
"	9th "	" 4 "
"	10th "	" 1 case.
"	11th "	" 2 cases.

The duration of the fever in these cases is shown in the following table :

Fever lasted	one day	in 66 cases.
"	two days	" 18 "
"	three "	" 13 "
"	four "	" 8 "
"	five "	" 4 "

These 109 cases were all delivered by the Hospital except four, which were delivered before our arrival. In these four the Hospital took charge on the day of labor.

Case I. (C. N. 705).—Nativity, Russia; age, 40; VII. para; first seen in third stage of labor and not examined. There were no symptoms referable to the pelvic organs, and the bowels moved every day except the seventh. The local signs in the breasts were limited to the left side. The gland on that side was hard and full from the fifth to the eighth day, and was tender on the sixth and seventh days of the puerperium. There was a sharp febrile disturbance lasting one day. Epsom salts exhibited on the seventh day caused a free catharsis on the eighth (four move-

ments). The range of the temperature and the pulse is given in the annexed chart:

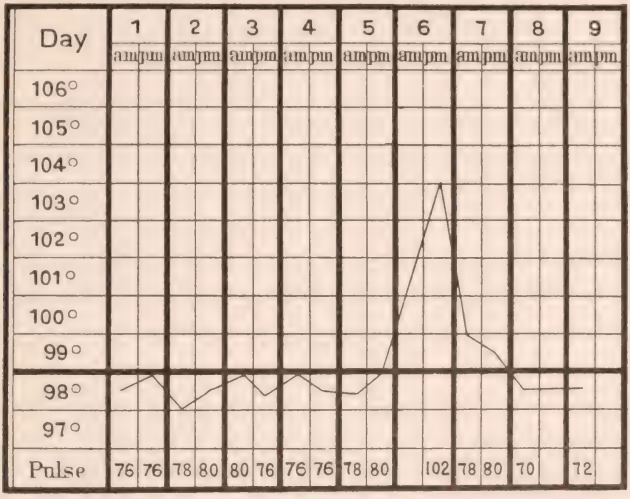


Fig. 1.

Case II. (C. N. 1698).—Nativity, Russia; V. para; delivered at term in normal labor by the Hospital; vertex presentation. The bowels were regular and there were no symptoms except in the breasts. These were hard and tender from the fourth to the seventh day inclusive. The regular treatment of hot applications was supplemented by a moderate dosage of quinine on the eighth day. The fever chart (Fig. 2) shows a considerable run of temperature, while the pulse is accelerated only to a degree proportional to the rise of temperature.

Abscess of Breast.—There have been ten abscesses of the mammary gland occurring in the series of cases here analyzed. Two of these are of interest in that the infection occurred through eczematous and fissured nipples before the beginning of labor. One (C. N. 68), a III. para, was first seen on the fourth day after labor, having been delivered by a midwife. At that time the abscess was discharging by a tortuous sinus. This spontaneous rupture had occurred before delivery. The patient was observed forty-eight hours, and had a maximum tempera-

ture of 100.6° during that time. She then refused operative relief and was discharged.

The other case (C. N. 3065), was operated on the day before labor began, and was discharged cured on the forty-fourth day post-partum. Her puerperium was interrupted on the second

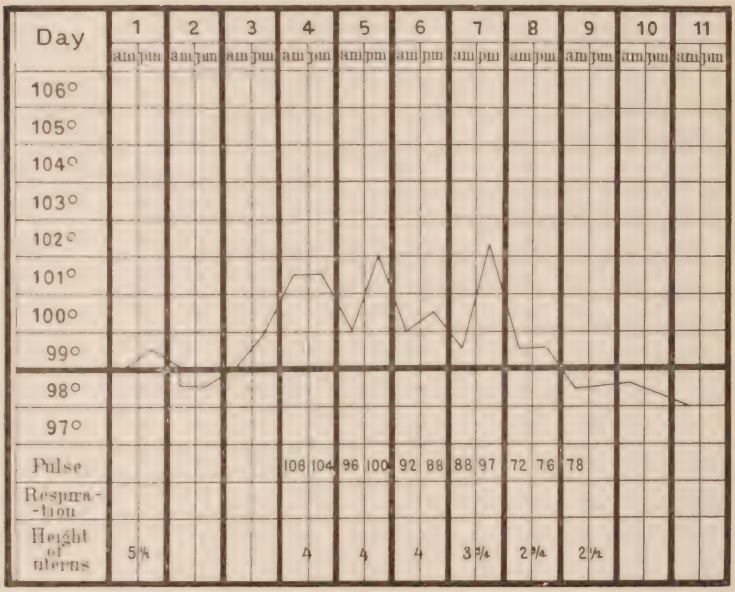


Fig. 2.

and the sixth days by single rises of temperature to 101.6° and 101.5° respectively.

These two elevations of the temperature were accompanied by constipation, but were without any corresponding increase in the pulse rate or other constitutional symptoms. This case is therefore also included in Class II.

The other eight cases were all of post-partum origin. Two were small affairs and did not involve the parenchyma of the gland, but seemed to be confined to the subcutaneous tissue near the nipple. One (C. N. 529) in an XI. para, delivered by the Hospital, opened spontaneously on the seventh day freely enough to insure a cure, and she was discharged on the eighteenth day. A single rise of temperature to 101° was observed. The other

mild case (C. N. 337) a II. para, had a temperature ranging from 100.5° to 104.5° with a pulse from 92 to 110 from the ninth to the twelfth days post-partum. On the twelfth day she was operated upon and discharged cured on the nineteenth day post-partum.

The remaining six cases were examples of extensive suppurative changes in the mammary glands. The onset in these cases occurred as follows: On the sixth day, post-partum in two cases; on the eleventh day in two cases, and on the twentieth and twenty-fifth days in one case each.

Two cases (C. N. 188 and 3036) had previously recovered from a moderate attack of uterine sepsis and are also included in Group III. of Class IV. The character of the fever and the signs in the breast were the same as have been already described, but they were developed to a greater degree.

The results in these cases have not been particularly satisfactory to us, owing to the fear of the knife in the patients and to the consequent necessity for discharging two of them unrelieved and two of them only partially improved. The remaining two were cured and discharged, one on the forty-eighth and one on the forty-ninth day of the puerperium. Five of the six were delivered by the Hospital and one by an outside physician. The annexed history is that of one of the severest cases.

Case III. (C. N. 3139).—Nativity, Russia; age 23; I para; delivered in normal labor by the Hospital. The nipples became fissured as soon as nursing was begun, and the breasts became hard and tender on the second day. The lochia remained normal and the uterus rapidly underwent involution. The bowels moved daily. In spite of hot stupes and a breast binder applied regularly after the second day, the left gland suppurated and was opened on the eighteenth day. Although the breast was caked on and after the second day, there was no febrile disturbance until the sixth day. The pulse throughout was only moderately affected.

On the twenty-third day the right breast, which had been hard and inflamed, suppurated, and thereafter the left breast grew worse. The patient became dissatisfied, and we were compelled to send her to a hospital.

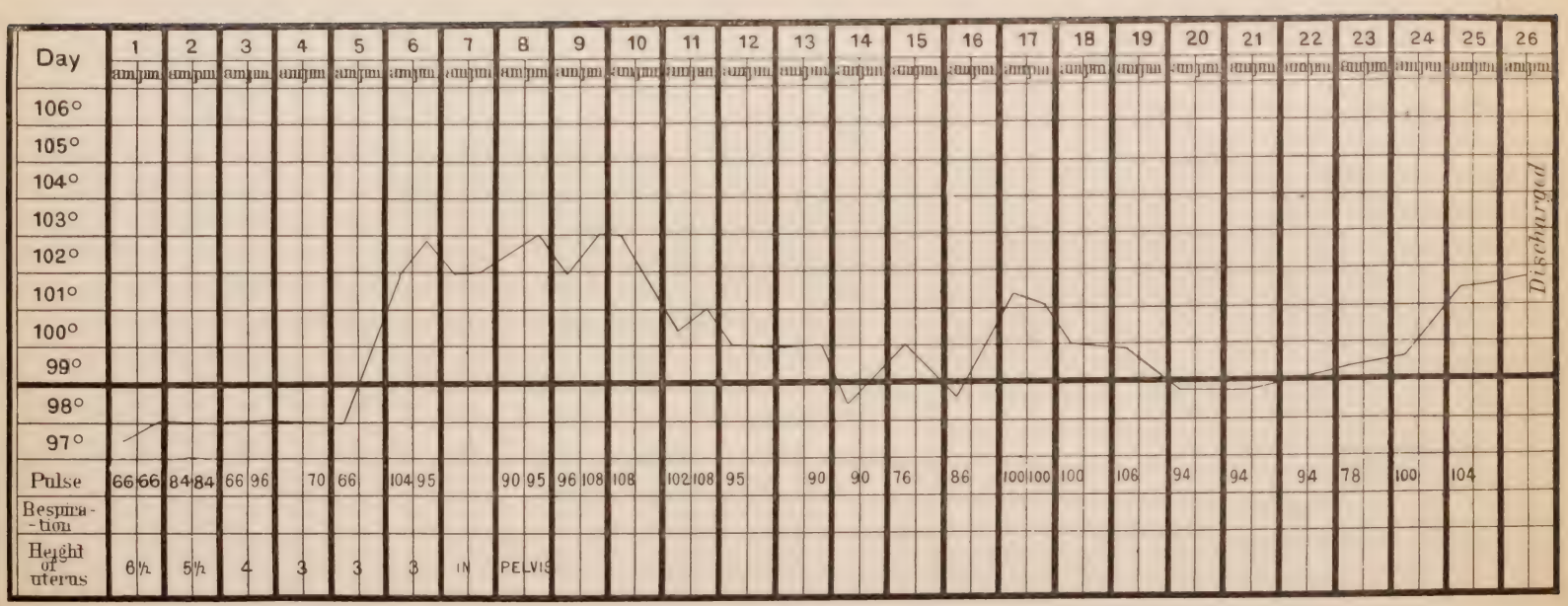

Day
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
am pm
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
Discharged
Pulse
66 66 84 84 66 96 70 66 104 95 90 95 96 108 108 102 108 95 90 90 76 86 100 100 100 106 94 94 94 78 100 104
Respiration
Height of uterus
6½ 5½ 4 3 3 3 IN PELVIS

FIG. 3.

This case illustrates the tendency of these inflammations to persist and to burrow into tissue hitherto healthy.

Treatment.—The regular treatment of these cases consists in applications of steaming hot cloths to the hardened breast, repeated every two or three minutes for a quarter of an hour or longer. Both breasts are then protected with cotton and bandaged, or a dry binder without cotton is applied. The object to be gained is that no part of the gland shall hang by its weight from the point where it joins the wall of the chest. When a woman lies on the back the breast tends normally to fall downward, and more particularly into the infra-axillary region. The support of the binder, therefore, must be directed upward and toward the middle line, so that the breasts are approximated one to the other and made to stand perpendicularly away from the chest. This process of stuping and of binding is repeated at least twice a day; in severe cases every four hours. Nursing is not stopped and the breast pump is not used. The bowels are thoroughly moved by saline cathartics, whether they be constipated or not. This method of treatment will usually stop the pain in those cases which we have designated as milk fever, and in mastitis it has seldom failed, in our hands, to check completely the progress of the affair. If fissures of the nipple exist, they are cauterized with the solid stick of nitrate of silver, and dressed with the subnitrate of bismuth. The nipple shield is also frequently resorted to as a protection. If an abscess occur, it is freely opened and the pus evacuated. After incision all the partitions of the abscess cavity are broken down by the finger, the cavity thoroughly irrigated, drainage established and pressure made by a dressing firm enough mechanically to obliterate the cavity. In this way the breast heals after a moderate length of time.

We have noted the method recommended by Boeckel (4) of removing by the knife all diseased tissue and striving for union by first intention, but we have as yet not attempted this method ourselves.

Class II.—Fever due to Constipation—Definition.—The cases of Class II. were patients whose bowels had

not moved during a period varying in the different cases; in whom the breasts were normal; in whom there were no pelvic or abdominal symptoms and the lochia were normal, and in whom the general physical examination was negative.

Etiology.—The cause of the rise of temperature is not the simple fact of constipation in itself, but there is undoubtedly an absorption of pyogenic toxalbumins or allied bodies which would be removed by the emunctories of the system if the bowels were moving freely and regularly. Although many of the older writers have recognized this condition as a cause of fever (we may cite the irritative fever from constipation of Gilman (17)), we have not found many references to it in the writings of recent authors. Schroeder (37) mentions it in his text-book (p. 285), and we quote the following from the pen of Roswell Park, of Buffalo: "The condition of entero-sepsis, fæcal toxæmia, stercoral intoxication or whatever it may be called, is certainly one which every practitioner has to fear and against which he should assiduously guard. It is not generally enough recognized and combated."

The analyses of this class of cases given below show that it is closely allied to the milder form of infection of the endometrium both in its frequent occurrence during the early days of the puerperium and in its transitory nature when promptly treated. That these cases are not cases of mild infection the total absence of uterine tenderness in any degree and the prompt response to cathartics are the principal witnesses we have to offer. The occurrence of this form of fever so soon after delivery is to be accounted for in our cases by the fact that the vast majority of our patients are seen only once, or not at all before labor begins, and no antepartum treatment of the intestines is instituted. We have to combat the almost universal habit of constipation of the pregnant woman after the birth of her infant, and it is surprising that this class of fever is not larger than it is.

Symptoms.—In these cases there are no local signs except, perhaps, a varying amount of tenderness over the sigmoid flexure of the colon, but only appreciable where the distention of the gut is extreme.

The general symptoms are few. The *febrile movement* generally begins suddenly and rapidly reaches a maximum, which may be quite high, as is seen in the cases cited below. In other cases, the temperature runs a lower but a longer course. If the temperature be not treated, it continues progressively without a characteristic curve until relieved by a spontaneous movement of the bowels. *Pulse:* The quality of the radial pulse is strong and full and its rapidity is not commensurate with the height of the fever. In a few of these cases only has a pulse of 120 been recorded, even when the thermometer was registering at 104°. *Headache* is a prominent symptom and is an intense general or frontal pain. Such a headache is present in cases with a low degree of fever, as often as in those with a sudden, sharp, febrile action. *Chills* are present in a small minority of those cases in which the temperature rises suddenly. *Sweating* is quite common, especially accompanying the prolonged rises of temperature. A feeling of general malaise is more or less pronounced while the constipation lasts.

Analysis of Cases.—There are 135 cases of temperature, which we have classified as of the nature of stercoral intoxication. This is 3.61% of the number of cases treated (3,737).

Arranging these cases according to the temperature which they developed, we have the following table:

Highest temperature was between	100.5 and 101.5	in 92 cases.	
"	101.5 " 102.5	" 25	"
"	102.5 " 103.5	" 14	"
"	103.5 " 104.5	" 4	"

Arranged in accordance with the day of onset of fever, we have this table:

Fever began on the	1st	day post-partum	in 26 cases.
"	2d	"	" 25 "
"	3d	"	" 35 "
"	4th	"	" 12 "
"	5th	"	" 14 "
"	6th	"	" 7 "
"	7th	"	" 1 "
"	8th	"	" 6 "
"	9th	"	" 3 "
"	10th	"	" 3 "
"	11th	"	" 2 "
"	21st	"	" 1 "

The duration of the fever is shown in the following table:

Fever lasted 1 day	in 96 cases.
" 2 days	" 29 "
" 3 "	" 5 "
" 4 "	" 3 "
" 5 "	" 2 "

Most of these cases were delivered by the Hospital. Seven came into the care of the Hospital immediately after an unattended labor, and only five were delivered by midwives.

Case IV. (C. N. 665).—Nativity, Russia; age 25; II. para; delivered by Hospital; vertex presentation; labor uncomplicated. There were no symptoms except the single rise of temperature as portrayed in Fig. 4, and the moderate constipation. The bowels did not move on the third and fifth days post-partum. The treatment consisted in the exhibition of magnesium sulphate on the third and fifth days. The temperature chart is shown in Fig. 4:

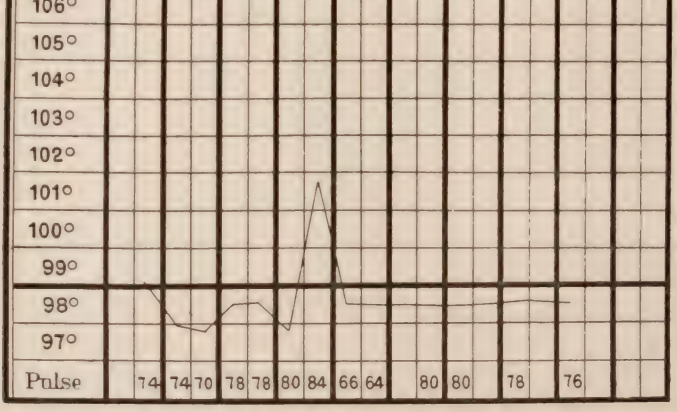


Fig. 4.

Case V. (C. N. 1133).—Nativity, Russia; age 25; IV. para; delivered by Hospital; vertex presentation; normal labor. The puerperium was uneventful except for two rises of temperature, one on the second and one on the sixth day. Although the right

breast was a little hard on the second day, the fever was evidently due to the condition of the bowels, which moved daily except on the days of fever. There were no pelvic symptoms. Epsom salts were given on the second day and three watery movements resulted. On the sixth day, no treatment is recorded, but the bowels moved on the seventh day.

The chart is annexed—Fig. 5 :

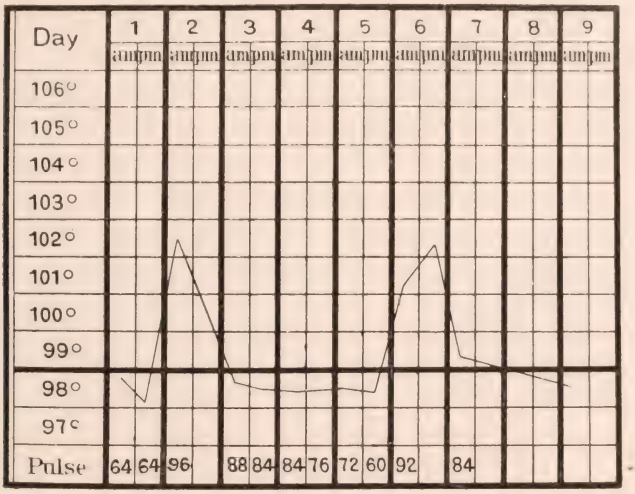


Fig. 5.

Case VI. (C. N. 686).—Age and birthplace not noted; II. para; delivered by Hospital in normal labor; vertex presentation. The temperature in this case ranged higher, and remained elevated longer than in the two preceding, and the pulse rate was more affected.

There were no pelvic or mammary signs. The bowels did not move until the sixth day, and not again until the evening of the eighth day. Thereafter, however, they moved daily. The epsom salts administered did not have an immediate effect. They were given on the first, second, third and eighth days and compound cathartic pills on the fifth and eighth days.

Treatment.—The saline cathartics are always preferable in these cases, and they should be repeated until several full, watery stools have occurred. In the severer cases the salts may

be preceded by calomel or a compound cathartic pill. It is our custom to prescribe calomel in moderate dosage, three to five grains. As a saline we use Epsom salts in drachm doses, repeated hourly for six times or until the bowels move. After a full

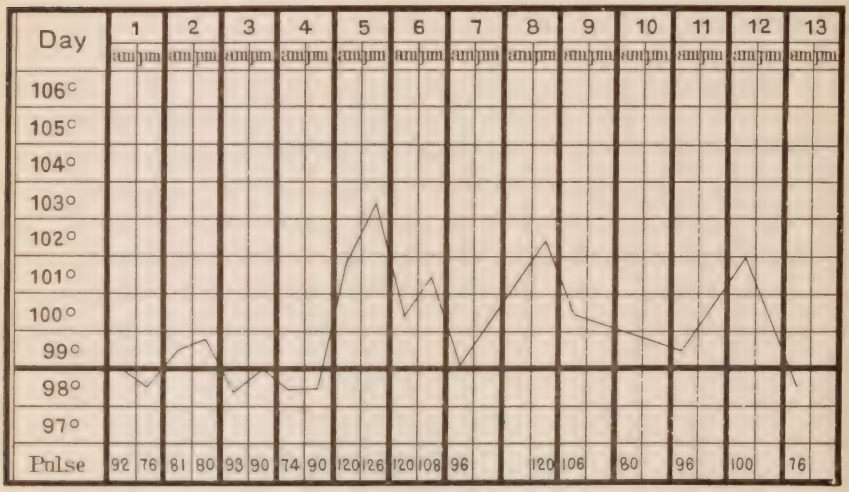


Fig. 6.

catharsis is accomplished the bowels are regulated by laxatives if necessary.

Combinations of Classes I. and II.—There have been 41 cases among those presenting a febrile movement in which both the breasts and the bowels gave symptoms. This small group, forming 1.10% of the total cases treated, is the basis of the following tables:

Cases arranged according to maximum temperature:

Maximum temperature between	100.5 and 101.5	in 19 cases.
"	101.5 " 102.5	" 11 "
"	102.5 " 103.5	" 7 "
"	103.5 " 104.5	" 3 "
"	104.5 " 105	" 1 case.

Cases arranged according to day of onset:

Fever began on the	1st	day post-partum	in 10 cases.
"	2d	"	" 6 "
"	3d	"	" 6 "
"	4th	"	" 8 "
"	5th	"	" 2 "
"	6th	"	" 2 "
"	7th	"	" 3 "
"	8th	"	" 2 "
"	10th	"	" 1 case.
"	11th	"	" 1 "

Cases arranged according to duration of fever:

Fever lasted	1	day	in 19 cases.
"	2	days	" 14 "
"	3	"	" 4 "
"	4	"	" 1 case.
"	6	"	" 3 cases.

Forty of these cases were delivered by the Hospital and one by an outside physician, and was first seen by us on the eighth day post-partum. As the above table shows, these cases are not twice so severe as those in which a single cause, either breasts or bowels, acts alone. No cases are given in detail, because they present nothing of special interest. The treatment is the combined treatment as described separately under Class I. and Class II. No case developed an abscess in the breast.

Class III.—Fever due to Complicating Diseases —Definition.—The cases of Class III. were patients in whom the lochia were normal, in whom there were no pelvic or abdominal symptoms, and in whom the breasts or the bowels might not be in a normal condition but in whom a general physical examination revealed some complicating diseases as the evident cause for the temperature. There were fifty cases which belong to this class; this is 1.34% of the total 3,737 labors and 8.46% of the total number of fever cases. These fifty cases may be classified as follows, according to those diseases that have occurred in the service of this Hospital:

Group I.—Non-puerperal diseases—

Pneumonia	11 cases	Bronchitis	8 cases.
Dry pleurisy	1 case	Malaria	3 "
Chronic phthisis	7 cases	Intestinal colic	2 "

Group II.—Diseases due to septic germs but of non-puerperal origin—

Facial erysipelas	5 cases.	
Tonsillitis	4 cases.	One case counted as septic also.
Cystitis	1 case.	
Cellulitis of wrist	1 case.	
Abscess of thigh	1 case.	
Abscess of gluteal region	1 case.	
Burns from douche and hypodermic abscess	1 case.	

Group III.—Diseases of puerperal origin but of non-septic nature—

Eclampsia	4 cases
Acute anæmia after hemorrhage	3 "

Pneumonia.—There have been eleven non-septic pneumonias and five pneumonias complicating a general septicæmia in our service. During the three years covered by this report there have been three epidemics of influenza in New York, and of the eleven pneumonias five ran the typical course of lobar-pneumonias and six were cases of broncho-pneumonia of the atypical variety characteristic of the grippe.*

Of the eleven, one broncho-pneumonia died.

The puerperal condition seemed not to influence the course of the pneumonia when this developed post-partum.

One case (C. N. 418) began ante-partum and the woman was delivered by accouchement forcé on the second day of the disease. During labor the patient developed œdema of the lungs, and seemed to be in a critical condition. The termination of the labor stopped the pulmonary œdema quite suddenly and the patient made a good recovery. The effect of pneumonia on the pregnant condition is shown in those cases where the disease began during pregnancy. There were three such cases and all of them were promptly delivered, two in the seventh month and one in the second month of gestation.

* Thinking that the dates of occurrence of these pneumonias may be of interest in this connection, we append them :

January, 1891.	August 29, 1891.	December 10, 1891.	January 16, 1892.
April 15, 1891.	October, 1891.	December 16, 1891.	April 19, 1892.
May 16, 1891.	December 7, 1891.	December 17, 1891.	

No effect was manifested on the puerperal state by this complication.

Two of these cases were discharged on the nineteenth day and one on each of the following days: 9th, 10th, 12th, 21st, 24th, 28th, 30th, 52d days.

The eleventh case died on the seventh day. Clinical histories would be of no special interest; therefore none are appended.

Pleurisy.—It is recorded of a single case (C. N. 2057) that a dry pleurisy was the cause of a two-day febrile attack beginning on the first day post-partum and reaching on the sixth day a maximum temperature of 103.4 degrees. On the seventh day the temperature had fallen to 99.2 and did not rise again. The patient was discharged on the 10th day. Neither condition (pleurisy and puerperal state) seemed to have any influence on the course of the other. The chart of this case presents no special feature and therefore is omitted.

Phthisis.—Eight cases were delivered by this Hospital, all of whom were suffering from chronic phthisis. Seven had more or less fever of an irregular hectic type during their puerperium. The involution of the uterus went on with steady progress uninfluenced by the pulmonary complication. On the other hand the pregnancy had evidently hastened the phthisical process. In six of the cases the condition of the lungs improved after delivery. Five were primiparæ and three multiparæ. Treatment by the Hospital was continued for fifteen days in two cases, for eleven days in three cases, and for nine and ten days in one case each. The eighth case (C. N. 3351) was a primipara, first seen in labor; she was in articulo mortis from hæmoptysis which was still going on. She was delivered of a poorly nourished child and died two hours post-partum. No rise of temperature is recorded. The child lived and was discharged on the eighth day. The subsequent history of only one case (C. N. 1056) is known. She improved until she became pregnant a second time one year after her first labor. She was delivered of her second child, but her phthisis grew steadily worse and she died three months thereafter.

Bronchitis.—Eight of our cases had fever due to an acute bronchitis. The day of onset varied from the second to the

eighth. The maximum temperature ranged from 101.6 degrees to 104 degrees. The duration was one day in six cases; two and three days in one case each. There was no perceptible influence on the involution of the uterus. All these patients were delivered by the Hospital at term.

Malaria.—The diagnosis of malaria is a dangerous one to make in a puerperal woman, and is never justified unless the plasmodium of Laveran be found in the blood or the fever be controlled quite promptly by the exhibition of quinine. It is quite true that the puerperal state will often cause an outbreak of intermittent fever in a patient previously infected with paludism, even after many months have gone by since any manifestations of the disease have shown themselves. But even with a history of evident malarial taint, a diagnosis of intermittent fever should be made only after a careful examination has excluded septic infection.

Clinical Cases.—Diagnosis.—Prognosis.—Treatment.—Three cases of high temperature quickly reaching a maximum of 104 degrees or 104.5 degrees with the onset marked by a chill are included in our series. The patients were all delivered at term by the Hospital and were multiparæ. In all the temperature was controlled by quinine without the treatment of the endometrium, and in none were there any local symptoms. The onset in one case was on the third day, in the second on the sixth, and in the remaining case on the ninth day post-partum.

The similarity of these cases with cases of true sepsis is shown by the details of the following example:

Case VII. (C. N. 3409).—Nativity, England; age 37; XIV. para; delivered by Hospital; labor easy; duration, 7 hrs. 30 min.; vertex presenting; an adherent placenta was removed manually from uterus. There were no pelvic or mammary signs. The bowels moved on the fourth, fifth and seventh days, and daily thereafter. The temperature rose on the sixth day, with chill, nausea and delirium. On the seventh day the febrile rise was accompanied by nausea and headache. The treatment was two compound cathartic pills on sixth day, and quinine in five grain doses, at first every five hours and later every three hours.

The chart is shown in Fig. 7. Patient was discharged on the tenth day in good condition.

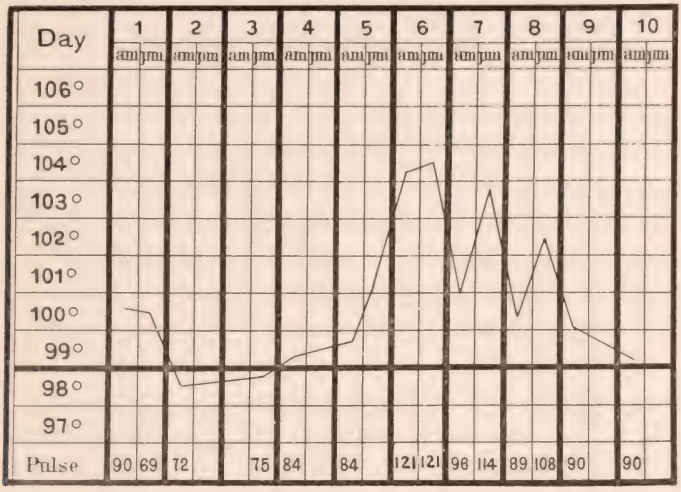


Fig. 7.

Intestinal Colic.—In two cases delivered in normal labor by the Hospital there were severe pains due to intestinal colic and accompanied by a slight febrile action of one day's duration.

One case occurred directly after labor with a temperature of 100.6°, and the other case was on the seventh day, and the recorded temperature was 101.5°.

Erysipelas—Etiology.—In order intelligently to discuss the etiology of erysipelas, diphtheria and the eruptive fevers and their relation to puerperal fever, it is necessary to anticipate a little, and to state that we consider it a proven fact that puerperal sepsis is due in the vast majority of cases to an infection by the streptococcus pyogenes. The etiological factor in erysipelas is a streptococcus, and was first separated by Fehleisen (31) and described by him as a distinct variety. During the five years 1883-1888 following this discovery, there was a lively contest among various observers, some maintaining the individuality of this germ, and others as positively asserting the identity of the streptococcus of Fehleisen and the streptococcus pyogenes. We may mention as

arguing with Fehleisen for the pathognomonic character of his discovery the names of Rosenbach (34), Hartman (20), and Kroner (25), while Hoffa (22), v. Eiselsberg (11), Baumgarten (2), Widal (43) and Bumm (5*b*, 5*c*), among others, are arrayed in opposition.

During the past four years the identity and interchangeability of the germ of erysipelas and the streptococcus of purulent inflammation has been established: Marbaix (30). Also, as we will show more in detail later, this same streptococcus is responsible for other pathological conditions. Croupous inflammation of the mucous membrane especially have been thus classified: Guinon (19), Park (48), Prudden (50), Martin (31).

A varying virulence in the germ itself is at present assumed as a working hypothesis to account for the fact that a germ apparently the same will cause different pathological processes. In accordance with this theory it must be conceded that the streptococcus pyogenes in a state of extreme virulence will cause an erysipelas of the skin or a metritis rapidly advancing through the lymphatics without local macroscopic changes, according as the infection takes place through the skin or the endometrium. In lesser degrees of virulence this same germ may cause purulent or croupous inflammation, or it may be inert.

Clinical Cases.—In our service three cases of facial erysipelas have occurred, and in none did any pelvic complication arise. This clinical fact: the presence of a severe non-puerperal streptococcus infection without secondary involvement of the puerperal wounds is a strong argument against the possibility of an autoinfection through the blood current. Two of our cases began immediately after labor and ultimately recovered. In one case the fever lasted four and in the other five days, in each case reaching 104° +. The third case was first seen on the eighth day of her erysipelas, being then in labor and in a very critical general condition. She died the day after delivery, with an antemortem temperature of 107°.

Case VIII. (C. N. 62).—Nativity, Russia; age 20; II. para; delivered in normal labor by Hospital. The erysipelas began on the right cheek on afternoon of labor day and spread over both sides of face and neck and scalp. Chart is given (Fig. 8). Treat-

ment was lead and opium. Patient was sent to Bellevue Hospital on the seventh day in excellent condition.

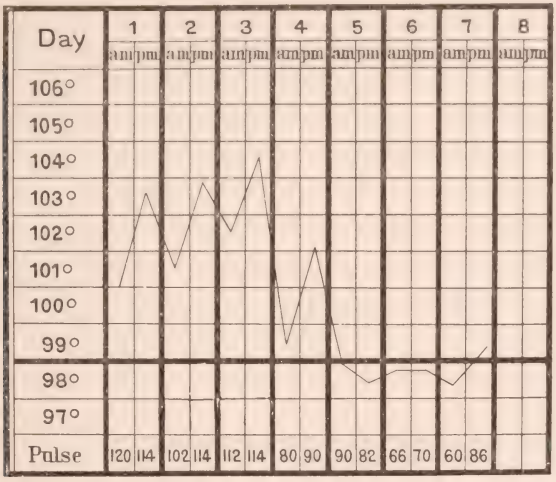


Fig. 8.

Scarlet Fever and Measles.—Etiology.—In the service of this Hospital there has been no case of either scarlet fever or measles in a parturient woman, although several have been exposed to the contagion, nevertheless it seems wise to consider here the possibility of such infection, in view of recent publications by the bacteriologist. Braxton Hicks and Galabin believe that scarlet fever and measles are potent causes of puerperal fever. Playfair modifies this view and says that scarlet fever taken through the ordinary channels of infection produces scarlet fever; taken through the genital tract, it produces a fever "indistinguishable from puerperal fever." On the other hand Duncan (10), Cayley, Boxall (3), Spiegelberg and Olshausen believe the poisons to be distinct, and Winkel says, "Those writers who maintain that puerperal women are attacked more frequently by scarlatina than other adults, and that it often occurs epidemically among them, have had to deal not with primary scarlatina, but with cutaneous inflammations accompanying septic puerperal diseases." Ahlfeld (1*a*) gives an account of fourteen cases of exanthemata in the puerperal woman and concludes that they are

neither scarlatina nor measles, and hints at a specific germ allied to septic germs as a cause. Guinon (19) and Park (48) have proved the constant presence of streptococcus (pyogenes) in the throats of patients suffering from scarlatina, and patients with measles have a more or less purulent conjunctivitis and rhinitis. It seems highly probable to us that the exposure without antiseptic precautions of a puerperal woman to either of these exanthems subjects her to the possibility of a double infection, both to the primary eruptive disease and to a septic infection through wounds of the parturient tract from the "streptococcus" complications common to that disease: angina in scarlet fever and rhinitis in measles. Thus the conflicting reports of different observers and the marked improvement in statistics regarding the production of puerperal septicæmia from the acute infectious diseases since the introduction of antiseptic methods in midwifery may be accounted for.

Clinical Cases.—No exanthemata resembling scarlet fever or measles have appeared upon any one of our cases.

One case of marked septicæmia, quoted in detail below, developed a milliaria.

Two cases were exposed to true measles from children in the same house, but these women remained free from fever and from rash (C. N. 1757 and 1766).

Diphtheria.—We owe it to the labors of Prudden, Park (48), Guinon (19) and others that the etiological factor of croupous inflammation of mucous membranes is known to be at least a dual one. The Klebs-Löffler bacillus, the cause of true diphtheria, has never been proved, so far as we know, to have infected a puerperal wound. The other cause of croupous inflammations is a streptococcus, indistinguishable except by its pathological action from the other pathogenic streptococci. The relation of this pseudo-diphtheria to puerperal sepsis is a similar one to that of erysipelas, and such an inflammation can undoubtedly be the source of a puerperal infection. Like erysipelas, also, it can occur as a local lesion, in the throat for example, which will run its course without infecting the puerperal wound.

In other throat diseases, *e. g.* follicular tonsillitis, and often in seemingly normal throats, numerous streptococci are found which

may be inert or active pathological agents, according to their virulence. Such germs, also, may become a menace to a puerperal woman.

Clinical Cases.—No case of diphtheria has occurred in our service, and no case has, so far as we know, been exposed to such an infection. There have been, however, four cases of febrile action due to a follicular tonsillitis. One of these had had a previous attack of septicæmia (see case XIX below). The fever in these cases lasted three days in three patients and two days in one. The maximum reached was in all in the neighborhood of 103°. The cases presented no pelvic or abdominal symptoms during or after the tonsillitis and the involution of the uterus was uninterrupted. It seems not to be of sufficient interest to give any case in detail.

Other Non-Puerperal Septic Infections.—There have been five cases of pyogenic inflammation of the subcutaneous tissue or of other parts of the body which have been neither followed by any infection of the puerperal wound, nor have they succeeded any such infection. All were confined by the Hospital at term. These cases are enumerated in the table on p. 42 above. One (C. N. 359) was a cellulitis of the wrist which began before labor and had a temperature ranging between 99° and 102° for eight days. She was discharged on the eleventh day to Bellevue Hospital, where she ultimately recovered. Another (C. N. 942) received burns about the buttocks from a douche carelessly given and developed an abscess of the thigh from a hypodermic injection of ergot given to control uterine inertia and hæmorrhage immediately after labor. She had a temperature between 100.2° and 101.8° for two days and between 98.8° and 100° for nine days more, when she was discharged. A third case (C. N. 2234) had a small abscess in the gluteal region and had a single rise above our limit to 101.4° on the tenth day; she was discharged on the eleventh day. A fourth case was more severe and had a large abscess over Scarpa's triangle. The first note of swelling is made on the first day post-partum, but the region had been tender and painful throughout pregnancy. The fever began abruptly on the afternoon of the second day and the first rise was to 104°. There-

after the temperature ranged between 99.2° and 101.5° for six more days. The patient was discharged well on the thirty-second day. The treatment of all was evacuation and drainage of the pus cavity, and all recovered. The fifth case (C. N. 661) is the only febrile case in which a cystitis was the causal factor. This inflammation of the bladder is of unrecorded etiology. There is no note of catheterization. The cystitis begun on the fourth day and fever ranged from 100° to 101.4° on the 5th, 6th and 7th days. The patient was dissatisfied, and called in an outside physician on the eighth day.

The last group of febrile complications, those of a non-septic but of a puerperal origin, comprises seven cases, none of which, however, present characteristics sufficiently typical to warrant the reproduction of their charts in detail.

Eclampsia.—Two cases were eclampsia, both of which recovered. In one, a single rise to 102.5° was recorded on the day of delivery, and in the other the temperature ranged between 100.5° and 102° for the first three days post-partum.

Two cases were eclampsia, both of whom died with ante-mortem temperatures on the first day after labor. In one the thermometer recorded 105°, in the other 103.8°.

Anæmia.—Three cases were moderate rises (101° to 101.4°) accompanying an anæmic condition after hemorrhage from the uterus. Two were delivered by midwives and had hemorrhage on the 10th or 12th day post-partum, and the remaining case had an accidental hemorrhage before labor. It was delivered by the Hospital. All three made good recoveries.

The charts present nothing of interest.

Class IV.—Fever due to Infection of the Puerperal Wounds—Definition.—The cases of Class IV. were patients whose general physical appearance was more often grave; in whom the bowels were usually constipated; in whom the breasts were often hard, tender and painful; in whom the lochia might be or might not be foul; in whom there were more often well-marked pelvic and abdominal symptoms, and whose pulse was noticeably accelerated. The practiced observer can usually detect these cases by the temperature, the pulse and the

general condition, despite the co-existence of those pyrogenetic complications which we have already described under Classes I. and II., and despite the not uncommon absence of marked local symptoms. It cannot be too often reiterated that the symptoms of pelvic inflammation, pain, tenderness and abdominal distention, also any distinctly foul odor to the lochia, are absent in many well-marked cases of septic infection.

Etiology.—No bacterial examinations have been made of the cases dealt with in this report, and whatever original facts are presented here are wholly of a clinical character. We will attempt to present the views of others concerning the etiology and pathology of this class of febrile complications of the puerperium, and then we will give the details of our cases, classifying them in accordance with those theories that seem to us most probable and correct.

Bacteriology.—The nomenclature of wound infection has become quite complicated, and various authors have designated distinct pathological processes by the same name. There are two grand divisions of this class of cases, according as there is simply an absorption of the chemical products of bacterial growth from the local seat of infection into the general system, or as there is added an invasion of the living tissues by living germs. These two conditions have been variously styled putrid intoxication and septic infection (5*c*); wound intoxication and wound infection (38); sapræmia and septicæmia (10); but these terms are not precise enough. Instead of two divisions there are four which the labors of Bumm (5*d*) prove to be possible if not probable. Each of the above conditions may be caused by the germs of putrefaction or the pyogenic bacteria. We may therefore have a putrid or saprous absorption or a putrid or saprous invasion, and either would be sapræmia. The same is true of septicæmic processes. Either an absorption alone or in addition an invasion of the living tissues may result from a septic infection.

Sapræmia may be caused by more than one species of bacterium. Rosenbach (34) has described several, and Bumm (5*c*) has separated a distinct form which decomposes albuminous substances with the production of strong poisons and without the synchronous formation of odorous bodies.

Sapræmia of puerperal origin uncomplicated by septicæmia is rarely met with. However, Braun von Fernwald (15) found in a series of 7,600 labors 101 cases, which he describes under the name of endometritis puerperalis, but some few of these were evidently complicated by a general septicæmic invasion. Bumm (5*d*) in eleven cases of putrid endometritis which appeared clinically to be uncomplicated by septic infection failed to find pathogenic germs only three times, and he himself doubts the accuracy of his three negative observations. The most recent publication that has come to our notice, that of Von Franqué (63), also leads to the same conclusion. This author has investigated cases of post-partum fever with special reference to the etiology of mild cases. He found in eleven cases of mild fever pyogenic germs six times, gonococcus and bacterium coli commune each once, and had three negative results. In his six pyogenic cases, streptococcus pyogenes, either alone or in combination, occurred five times.

Puerperal septicæmia also can be caused by a number of different germs. All of the pyogenic micrococci, acting separately or in various combinations with one another, have been proved to have caused puerperal sepsis.

Of these, the streptococcus, styled pyogenes by Rosenbach (34), has been more lately christened, in view of its manifold manifestations, the streptococcus septicus by Bumm (5*d*), and is certainly the most commonly present and the most virulent.

This germ has been isolated from such cases by Pasteur (33), Doleris, and later by Döderlein (9*a*), Haushalter (21), Widal (43*a*) Bumm (5*d*), Gärtner (16), and many others.

The staphylococcus pyogenes aureus has been isolated by Steffeck (39) from a fatal case of septicæmia, and the white variety has been proved by the same author to have been the causative agent in two similar cases. He describes two double infections also, one by aureus and albus together, and the other by albus combined with streptococcus septicus. Döderlein (9) gives an account of an epidemic of three cases in which there was an infection by two germs, the streptococcus septicus and the staphylococcus aureus.

Chantemesse (7) has described an interesting case of fatal sep-

tic infection, originating from an attempt to produce abortion in a presumably pregnant but really non-pregnant uterus. Streptococcus septicus was found post-mortem in pure culture throughout the tissues.

The latest work published, that of Gärtner (16) seems to us to be anything but an advance from the results of the writers just quoted. Gärtner claims that every infection is double, both staphylococci and streptococci being found in every case. But he relies for his conclusions entirely on microscopic pictures and completely disregards the contradictory evidence of his pure cultures.

Mode of Infection.—The source from which the puerperal wound becomes infected may be germs already present at time of labor in the body of the parturient woman, autoinfection; or the germs may be introduced into the genital tract from without, exoinfection.

Exoinfection.—Exoinfection is by far the more frequent and inoculation of this nature may result from the fæces or urine of the patient, from contaminated bedclothes, vulva dressings, or instruments, and preëminently from the hands of the accoucheur or nurse.

Autoinfection.—Autoinfection is rendered the more probable in proportion to the proximity of a purulent inflammation to the genital tract. When, for example, the infection takes place by contact of the genitals with the hand, which has been contaminated from purulent inflammation in the patient, instead of through the blood current, conveying the germs from the local lesion to the puerperal wound, then such cases are rather those of exoinfection than an autoinfection, properly speaking. Such an exoinfection was the starting point of the epidemic described by Döderlein (9), and already referred to. The first of these cases had a purulent conjunctivitis from a poorly fitting glass eye, which had not been removed for more than six months. The same combination of bacteria, streptococcus septicus and staphylococcus pyogenes aureus was cultivated from the uterine lymphatics, and the peritoneal cavity of the patient who died, and from the discharges of the offending eye. How-

ever, every little furuncle on a parturient woman need not be feared as a menace of puerperal fever, as is established by the clinical experiences of many observers, and is as strongly corroborated by the case, mentioned in a foot-note by Haushalter (21), in which a puerperal woman suffering from a suppurating wound of the leg died of a general septicæmia. A bacterial examination proved that the staphylococcus pyogenes aureus was the cause of the local trouble on the leg, but that the streptococcus septicus was the cause of the general septicæmia and death.

Pyosalpingitides, and to a less degree vulvo-vaginal abscesses would be denied by none to be a possible cause of puerperal infection. In regard to the vaginal secretion of pregnant women, however, and its relation to puerperal septicæmia, there has been considerable discussion, in which many authors have taken part, and the very different conclusions drawn have resulted in some confusion.

The ideas that were prevalent twenty to thirty years ago were those first promulgated by Semmelweiss (36) that the poison of puerperal fever might be communicated from without, or could be generated *per se* in the patient's system.

This idea of an autoinfection is very different from that conveyed by the same term to-day. Strictly speaking, autoinfection is the result of an exo-inoculation, occurring previous to labor and only developing when the lochia of a normal labor offer the proper pabulum for the growth of germs. The discovery of the causal relation of bacteria to puerperal fever did not change the opinion of obstetricians that exoinfection and autoinfection in the newer sense were both possible and very probable. Ahlfeld (1), writing in the earlier period of antisepsis is a firm believer in autoinfection, and to combat it advises systematic measures; ante-partum douches and strenuous antiseptic disinfection of the genital tract before, during and after labor and during the puerperium. The practice of all was in accordance with these ideas, and all parturient women were disinfected as thoroughly as possible. The views advanced by various writers, either in favor of or against the possibility of autoinfection, have been as follows, and have caused a very considerable reaction from the meddlesome antisepsis of the early eighties.

Gönner (18) found many germs in the cervical canal of pregnant uteri in healthy women, but none that were pathogenic against animals. He therefore denied autoinfection as a possibility.

Samschin (35) also denied the presence of pathogenic germs, but has stated since, in a personal communication to Steffeck (39) that further experiments have caused him to change his views.

Kehrer (24) produces abscesses by inoculation with bits of secretion in twenty per cent. of pregnant women, the same as by injections of lochia. Winter (45) found pathogenic organisms in vaginal secretion in half the cases examined both of pregnant and non-pregnant women, but failed to infect animals with pure cultures. This does not, however, prove his germs non-pathogenic, although it throws doubt on their virulence. Winter found no germs in the uterus itself. Winter's pathogenic germs were unevenly divided among the three commonest varieties. He found staphylococcus pyogenes albus twenty times, and staphylococcus pyogenes aureus four times, and streptococcus septicus three times. v. Ott (42) also proved the uterine lochia of a normal puerperium to be germ-free. Döderlein (9*a*) found in the vagina of a woman not previously examined a virulent staphylococcus pyogenes aureus, and declares the uterus of the normal lying-in-woman free from bacteria. Bumm (5*c*) has never found streptococci in normal genital secretion, and denied autoinfection as a possibility so far as the commonest cause of puerperal infection is concerned. He has found staphylococci usually the staphylococcus aureus, but those separated have always been of slight virulence. Bumm insists on the necessity of inoculation experiments on animals in order to prove the virulence of the bacteria after they have been cultivated from the vaginal secretion. In a later publication Bumm (5*e*) expresses the same opinion concerning the virulence of the germs of purulent vaginal secretion. In a series of experiments on animals, with ten cases he could find in no case a reaction akin to the red, progressive inflammation of the skin which follows inoculation in the rabbit with pus from septic processes, such as erysipelas, phlegmon, peritonitis, abscesses, furuncles, etc.

Steffeck (39) found pathogenic germs in vaginæ in 41.4 % of pregnant women examined, or 12 out of 29. Of the twelve,

only two had been previously examined. Inoculation with the pure cultures in the first generation from these cases gave evidence of pyogenic power in three and caused local reaction but no pus in two. Steffeck found in his twelve cases staphylococcus pyogenes albus nine times, staphylococcus pyogenes aureus three times, and streptococcus once, the latter combined in some cases with the white variety of staphylococcus.

The above observers have found a vast predominance of the staphylococcus over the streptococcus, and the reverse relation is the actual one so far as the causative germs of puerperal septic infection are concerned. Their conclusions, therefore, are trustworthy so far as a possibility of autoinfection is concerned, but as to a probability of such infection they are not reliable.

Döderlein (9) in his latest publication has thrown a light upon some of the contradictions of his confrères. He first divides all pregnant women into two classes—those with normal, and those with pathological vaginal secretion. The percentages of the two classes were 55.4% women with normal, 44.6% with pathological secretion. Among primiparæ 64.7%, and among multiparæ 38.6% had normal secretion. The normal secretion is an acid, whitish, granular matter, of the consistence of curdled milk, and contains no mucus. Under the microscope it consists almost wholly of pavement epithelium. In addition a few mucous corpuscles, detritus and rod-shaped bacteria are found. After many unsuccessful attempts, Döderlein succeeded in cultivating these bacteria, which he describes as a distinct species, and names the vaginal bacillus, "Scheidenbacillen." One of the products of their growth is lactic acid, and the reaction of normal vaginal secretion is due to this organism. Döderlein also found the thrush fungus in the vaginal secretion of 36% of the pregnant women examined and classified as normal. In no case of normal vaginal secretion did Döderlein find other germs, either saprophytic or pathogenic. Döderlein also tested the mutual action of his bacillus vaginæ and the staphylococcus pyogenes aureus, which he took as a type of the pathogenic germs. He found that a fully developed culture of the first checked the growth of the pathogenic germ completely. He also inoculated a healthy vagina of a virgin

with the same pathogenic germ, the staphylococcus pyogenes aureus, and found that the latter had completely disappeared after four days. Experiments on animals with normal vaginal secretion caused in eight cases no reaction, in six cases a small local collection of germ-free pus, or, as in four cases, a larger abscess, which contained pure cultures of thrush mycelium. No pathogenic power could be attributed to the bacillus vaginæ.

Pathological vaginal secretion was neutral or alkaline or usually weakly acid, of a yellowish color and creamy consistence; sometimes frothy and mixed with tough, yellow mucus. Under the microscope, pavement epithelium is plentiful, but pus cells are equally so. Bacteria of all kinds, bacilli of various sizes and multitudinous micrococci are found; the bacillus vaginæ and thrush gonidia are conspicuous by their absence. Injections of this secretion in animals caused, without exception, extensive suppuration and severe general reaction. The pus of these inoculation abscesses always contained numerous kinds of microorganisms. Döderlein found streptococcus septicus in 9.2% of these pathological secretions, which was 4.1% of all his cases.

Five out of seven specimens of these streptococci caused in pure cultures local collections of pus or erysipelatous inflammation when inoculated in the skin of an animal's ear. Concerning the two non-pathogenic specimens, our author is in doubt whether he had to do with a distinct variety or with a streptococcus septicus that had lost its virulence because of the acidity which, even though diminished, existed in the vagina from which it was cultivated. This work of Döderlein has been supplemented by two observers. E. Witte (46), of Berlin, analyzed fifty-three vaginæ in various conditions of disease and found various kinds of pyogenic germs, including five new varieties of bacilli which he calls "muriseptic," and all of which are virulent to white mice. Witte also proves the power of lactic acid to diminish the virulence of the pyogenic cocci. His observations on the uterus lead him to advise vaginal disinfection in prolonged labor, and in all cases in which the bacterial examination—which he considers necessary as a routine practice—shows the presence of dangerous germs. Witte classes all cervices as suspicious, unless proved innocent. Williams (44), of Johns Hopkins, has examined

a certain number of women, and states that his results, though based on a small number of women, coincide with those of Döderlein.

From these various facts we must conclude that an autoinfection with septic germs is a possibility in a small percentage of cases. Autoinfection with saprophytic germs is possible in a much larger percentage if there be present retained placenta or other proper pabulum for the development of such germs. All authors agree that saprophytes are found in normal lochia. To quote Bumm (*5e*) on this subject, is to express the views of all: "As long as man is born *inter fæces et urinas*, so long will these germs be present at the event." But the positive results of Bumm himself, and of v. Franqué (40) distinctly contradict this theoretical frequency of saprophytic infection.

From a clinical aspect there is much confusion, and different obstetricians have obtained very different results. The best percentages have been obtained under conditions that allow of conclusions diametrically opposite. One man with moderate internal antisepsis will accomplish a minimum of fever which may not be equaled by another who is even more strenuous in his application of the principles of Ahlfeld. Moreover a third observer who uses no internal antisepsis may excel both. Among the many groups of statistics that have been published, we may cite the following:

Steffeck (39) and Hofmeier (23) in Würzburg; all cases used for instruction of students and midwives:

139 cases—12 cases fever over 38° C., 19.4%	Without thorough internal disinfection.
861 cases—58 cases fever over 38° C., 6.8%	Internal disinfection by gentle rubbing with finger and 1–2000 sol. mercuric chloride.

Holowko, of Dorpat, quoted by Steffeck (39) and Bumm (*5e*):

145 cases, 10.7% fever	Internal disinfection with cotton and douche of mercuric chloride.
145 cases, 4.1% fever	Internal disinfection with cotton and nail brush and douche of mercuric chloride.

Glöckner and Keller, quoted by Bumm (*5e*):

6 % fever. ..... Without internal disinfection.

Leopold and Goldberg (28) of Leipsic; cases used for instruction of students and midwives; operative cases not included:

3,400 cases, 1.68% fever (38° C.).....Examined and douched.
1,369 cases, .95% fever (38° C.).....Examined and not douched.

Mermann (32*d*) of Mannheim; cases used for instruction of midwives; operative cases included:

100 cases—21 cases fever over 38° C. 21%..... } Attendants had not mastered principles of external sepsis—no internal disinfection whatever.

900 cases—56 cases fever over 38° C. 6.2%..... } Attendants had mastered principles of external sepsis; no internal disinfection whatever.

These examples are arranged in the order of diminishing degree of internal disinfection that has been practiced in the care of these cases on which the statistics are based. The resulting percentages evidently do not correspond either in diminishing or in increasing ratio to the same order of arrangement, and each author has felt justified to claim superiority for his own particular method. We believe that a positive fact is of more value than a negative one and think that Mermann is justified in his conclusions that an infection from the vaginal germs is a very unusual occurrence.

Pathology.—The discovery of the etiological relation of bacteria to disease has opened up ground for a new classification. By it the most dissimilar lesions may be brought under one head, and a new theory, that of varying virulence in the causative germ, has been advanced to account for the various manifestations of germs which in all other respects are identical. In no disease more than in sepsis in general, and puerperal sepsis in particular, is it true that processes essentially the same have been regarded as entirely devoid of mutual relationship.

In the early days of this century all disease was classified from a purely clinical standpoint, and puerperal fever was divided by the various authors of that time into inflammatory, typhoid and mixed forms, so far as the severer type was concerned, while slighter infections were known as ephemera or weed, miliary fever and milk fever—Chailly (6), Maunsell (17). Later, puerperal fever underwent a complete change of nomenclature under

the influence of advancing knowledge of pathological anatomy. Churchill (8), gives the following classification: peritonitis, inflammation of the uterine appendages, hysteritis, uterine phlebitis.

The bacteriologist has shown that all these conditions are manifestations of the same cause acting in a varying degree of virulence. In fact still other gross pathological lesions have been added to those given by Churchill, notably croupous inflammation of mucous membranes and also a general invasion without local lesion. Haushalter (21) recognizes as caused by streptococcus septicus any one of four conditions: acute septicæmia without suppuration, pseudomembranous septicæmia, pyohæmic septicæmia, erysipelas.

The possibility of the change of virulence in a germ has been proved for the streptococcus septicus, by de Marbaix (30). This experimenter caused harmless streptococci from the mouth to become virulent and produce an erysipelas in mice, and virulent specimens from endocarditis to become completely inert. Virulence, according to de Marbaix, is increased by growth in the body of a rabbit and decreased by age and lack of fresh generations. Widal (43) classifies septic processes due to streptococcus septicus, according to gross lesions, thus: purulent, diphtheritic, septicæmic—and he agrees to the theory of varying virulence in explanation of the facts. Bumm (*5d*) has done the best work on this pathological anatomy, and objects to Widal's classification, giving the following, based on the method of invasion of the tissues: local, lymphatic, thrombotic.

Bumm (*5e*) classifies the lesions in order of increasing virulence in the causative coccus:

1. Localized septic endometritis.
2. Thrombotic form of puerperal fever.
3. Ordinary lymphatic form of puerperal fever.
4. Internal erysipelatous form.

The work of Gärtner (41) is unsatisfactory. This author gives too much weight to the microscopic picture, and claims to be able to differentiate between staphylococci and streptococci by the appearance of the stained section alone. He also believes that the methods of separation of pure cultures from tissues is

untrustworthy and pregnant with sources of error. Gärtner offers no general classification.

A patient once infected may be attacked through any of the possible lesions which can expose the intercellular spaces of the tissues. The perineum and cervix offer such wounds in a majority of cases of labor, and many of the mild cases of infection are from an invasion at one of these spots.

The infections at the cervix resulting in inflammatory changes in the broad and sacral ligaments of the uterus may lead to fatal results, or in less severe cases to pelvic abscess. Still, in a large number the only result is that local thickening to which every gynæcologist testifies as a not uncommon condition in multiparæ.

The frequency and nature of cervical infection has been emphasized among recent writers, particularly by Fritsch (14). The all-important avenue of entrance of infection, however, is opened in every case of labor, the placental site and endometrium. The pathological work of Bumm (5e) and Gärtner (16) throws light upon the details of infection from this starting point. The microscopic pictures described by Bumm justify his classification given above.

In localized septic endometritis the superficial layers of the endometrium removed by curette are necrotic and invaded by germs, both streptococci and germs of decomposition. Beneath this zone of bacterial growth there is a reaction zone of round cell infiltration which includes the remaining thickness of the decidua and the superficial layers of the muscularis. Bacteria are not found in this reaction zone.

In the thrombotic form of puerperal fever, which is a septic endometritis with subsequent general infection through the veins, a further development of the same process was found. The endometrium showed the same changes of a combined putrid and septic infection as just described. The reaction zone was well marked and free from germs. The muscular tissue was normal and its lymph and blood-vessels free from germs. The placental site presented the same changes plus an infection of the veins. These vessels were filled with thrombi, which could be traced to the mucous surface in one direction and into the broad ligaments in the other.

These thrombi presented all degrees of purulent degeneration, the final result being a vessel with necrotic endothelium, with a wall infected with germs and filled with detritus, leucocytes and streptococci.

In the ordinary lymphatic form of puerperal fever a general infection occurs through the large lymph vessels starting from the infected endometrium. In these cases, also, the decidua is loaded with colonies of streptococci and is in a condition of necrosis.

The local appearance of croupous exudation is due to necrotic decidua. If decomposition germs are present, the surface is brown and softer. The reaction zone is evident everywhere, but is only slight. The muscle fibres are passive and the infiltration is due entirely to the white-blood cells. The lymphatic vessels were infected by a direct growth of cocci from the endometrium. These vessels presented degenerative changes. The "enlarged lymphatics filled with pus" of the older writers are really cavities formed about a lymphatic vessel by the breaking down of the muscular tissue, filled with germs, pus cells and detritus, and surrounded by a reaction zone similar to that formed in the decidua. The lymphatics of the placental site showed the greatest degree of the degenerative process. One of Bumm's cases in this class showed also an infection of the placental veins, and proved the possibility of a double method of invasion.

In the internal, erysipelatous form there are very slight macroscopic changes: only a gray, adherent, false membrane ("exudat") on all wounds of cervix and vagina and on the endometrium. This false membrane (exudat) in the uterus is the necrotic decidua, and in the vagina is the product of the croupous inflammation.

Under the microscope there was only an indication of a reaction zone, and the cocci advanced directly into the muscular tissue. The growth was most abundant in the smaller lymph spaces and the veins were free. The uterine peritoneum was covered with a fibrinous pellicle, and there was a clear yellow peritoneal fluid which contained cocci. In the three cases of lymphatic infection observed by Bumm there was a septic peritonitis. In all, the Fallopian tubes were germ-free in their uterine half, although they had become infected from the peritoneal cavity in the outer half. However much we may disagree with Gärtner in the conclusions

he sees fit to draw, still his description of the histological changes in the infected uteri examined must be regarded with less suspicion. Gärtner examined four specimens of infected uteri which should be classed as combinations of Classes 2 and 3 of Bumm. He describes the same necrotic exudate and granulation wall, both containing germs, with a space between them in which the cocci advance by means of the lymphatics only. Behind this reaction zone the cocci were found in the veins only (puerperal cases) or in the veins and lymphatic vessels as well (operative gynæcological cases). Gärtner was unable to discover any histological difference between pyæmia and septicæmia, and thinks that chemistry must point the diagnosis, while rather doubting the theory that a varying virulence is a sufficient explanation.

Clinical Types.—In dividing our cases into the various classes we have given great weight to the results of v. Franqué's bacterial analysis of mild cases of fever, and if we have erred it has been on the side of too great strictness in including under sepsis all cases in which any hint of an infective origin existed.

An analysis of the 143 cases in this class results in their division into the following groups:

I.—Gonorrhœal infection.—A large majority of our patients are Russian Hebrews, and our observation is that they are particularly free from venereal disease. Another fact that renders the service of this hospital peculiarly free from venereal complications is that the vast majority of its patients are married women living in their own homes; 3,695 women out of 3,737 are recorded as married. When a genital tract is attacked by gonorrhœal disease, there is present either the gonococcus alone or this specific germ combined with one or more of the pyogenic cocci, and a puerperal infection resulting from the ante-partum gonorrhœa may be caused by either of these agents acting alone, or by both combined. Krönig (26) gives an analysis of nine cases of post-partum infection by the gonococcus alone all of which recovered without special treatment, although four had high fever.

Only one such case occurs in our series, and its history is given below. Of cases of pyogenic infection arising from a gonorrhœa, several have occurred. Such a history is given below (C. N. 161).

Case IX. (C. N. 679).—Nativity, Russian Poland; age not noted; I. para; labor uncomplicated. Patient was first seen after the beginning of labor. On the day of delivery temperature was 102.5° both morning and evening. The subsequent course is seen in Fig. 9. The pulse was only moderately quickened. There was no abdominal or uterine tenderness; the lochia was

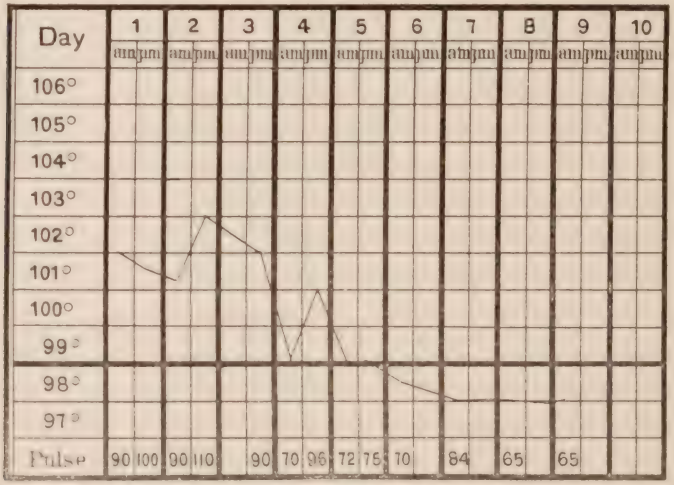


Fig. 9.

yellow on and after the first day, and was very profuse during the puerperal week. The breasts were normal except for slight tenderness of the nipples, and the bowels moved on the second, third, seventh and ninth days. The treatment consisted of magnesium sulphate in purgative dose on the first and second days, and a vaginal douche on the evening of the third day. The patient was discharged on the ninth day, a slight yellow discharge still being present. The eyes of the child were treated prophylactically with nitrate of silver and showed no signs of inflammation. Diagnosis—Gonorrhœal infection of endometrium.

II.—In this group we have included cases in which no local treatment of the parturient tract was at any time instituted to influence the course of the "fever." Some of these patients had caked breasts, others were constipated even to a degree sufficient to cause a rise of temperature, but to these conditions there were

added a tender uterus and sometimes a foul smelling lochia. Others of these histories are included here because the discharge of bits of the secundines discloses the true nature of the case even when no symptom except the rise of temperature indicates an abnormality. There are thirty-one such cases in the series here analyzed, and they have one thing in common, a very mild infection of the endometrium. Von Franqué has among others called attention to the true nature of such temperatures.

Of the thirty-one cases, fifteen showed a maximum rise to 101.5° or less; eleven a recorded maximum between 101.5° and 102.5°; in two cases the highest temperature was between 102.5° and 103.5° and in three 104° was reached.

The following table shows the day on which the fever began in these cases:

Fever began on	labor	day	in	3 cases.
"	1st	"	"	2 "
"	2d	"	"	7 "
"	3d	"	"	7 "
"	4th	"	"	5 "
"	5th	"	"	4 "
"	6th	"	"	2 "
"	9th	"	"	1 "

The following table shows the duration of elevation of temperature in these cases:

Fever lasted	1	day	in	13 cases.
"	2	days	"	7 "
"	3	"	"	6 "
"	4	"	"	2 "
"	5	"	"	1 "
"	6	"	"	2 "

Of these thirty-one cases, four were delivered by midwives, three were unattended, and the remaining twenty-four were delivered by the Hospital.

The following cases give some idea of the clinical appearance of this class:

Case X. (C. N. 885).—Nativity, Russia; age 23; III. para; shoulder presentation; L. Scap. A.; podalic version; extraction of placenta. Patient had been examined by physician before Hospital saw the case. Delivered by Hospital. Temperature

104° before delivery. The post-partum range of temperature is shown in Fig. 10. The pulse is accelerated to a greater degree than is accounted for by the mere rise of temperature.

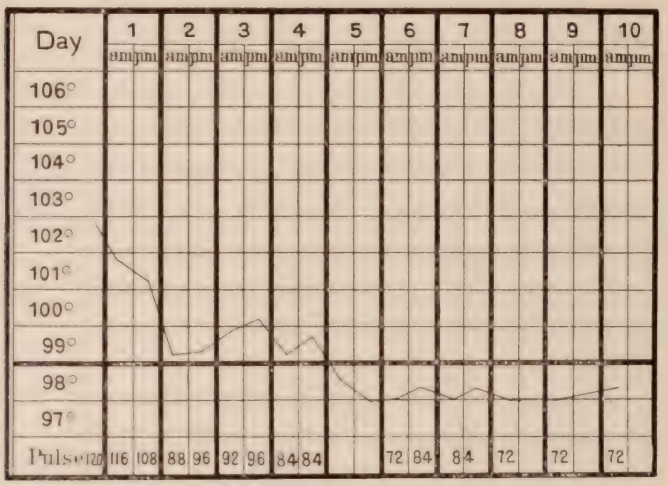


Fig. 10.

The uterus was never tender, the lochia never foul, the breasts were always soft, and although the bowels were constipated, no treatment of any kind is recorded.

Diagnosis—A mild infection of endometrium occurring during labor.

Case XI. (C. N. 1420).—Nativity, Russia; age, 35; IX. para.; delivered without attendant.

The uterus was tender and the parametria "very tender"; the bowels and breasts presented no symptoms; the lochia were without odor. During the fever there was headache and general pains in the extremities and joints. The treatment was Epsom salts, ℥ ss.; antipyrine, gr. x. once, and quinine, gr. v., q. 3 h. An investigation showed that the post-partum attendant had neglected proper precautions of washing, etc., for three days prior to the rise of temperature. With the maximum rise in temperature the pulse rate was increased to 120 per minute.

The appended chart shows the course of the fever. See Fig. 11:

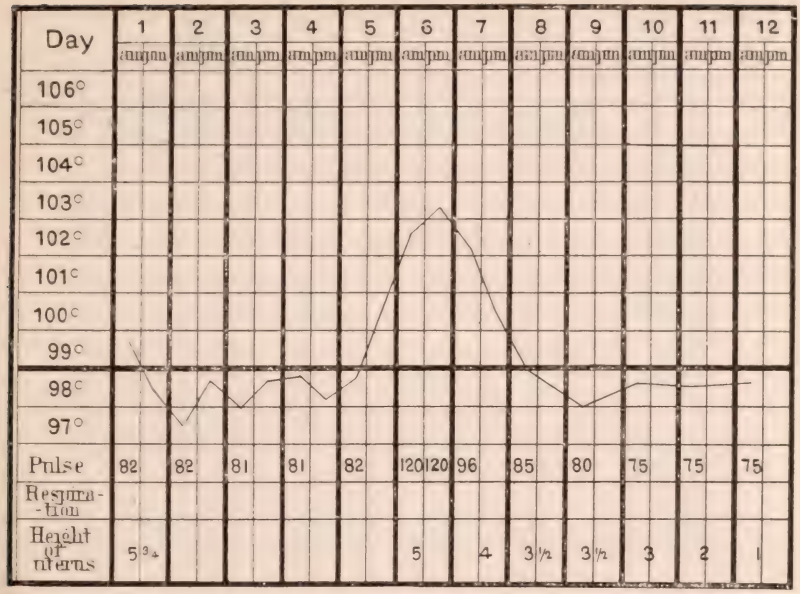


FIG. 11.

Diagnosis—Mild infection of the endometrium, caused by neglect of ordinary antiseptic precautions in the post-partum care of the external genitals.

CASE XII. (C. N. 689).—Nativity, Russia; age, 40; XI. para.; vertex L. O. A.; labor uncomplicated; delivered by Hospital. The temperature rose only once above the "fever" limit, but throughout ranged about a degree above "normal." The pulse was also a little accelerated. The breasts were caked and hard, but a very tender uterus for three days post-partum, showed a mild infection. The bowels moved on the third day, and daily thereafter. The lochia were negative. Treatment was hot stupes to the breasts on the third day and Epsom salts on the second. Diagnosis—Very mild infection of endometrium. The chart is annexed, Fig. 12.

III.—This group comprises the moderately severe infections, and those cases running a mild or short course in which it was deemed necessary to use local measures to combat the morbid process. No hard and fast line can be drawn between this class and the next, which we shall designate as the severe type of in-

fection, and we have made the division according to the length of the febrile process. Some of the cases are mere one-day

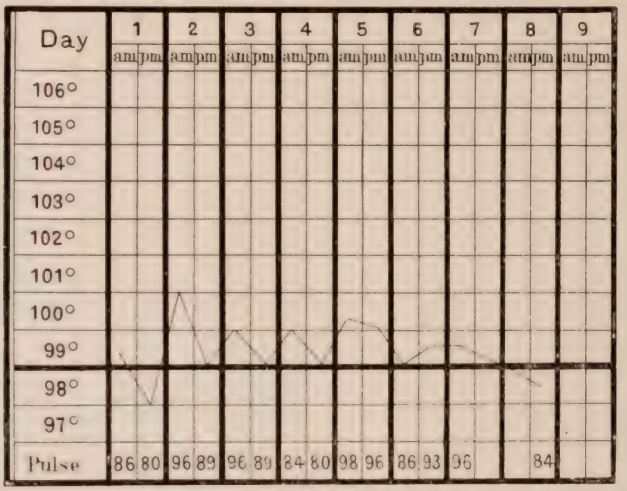


FIG. 12.

affairs, and others are really severe, even being complicated by secondary inflammations, but however threatening at the outset, they all yielded to treatment within the week. The cases of this group have three things in common—they all recovered, they are all infections through the endometrium, and they all received local treatment.

There are seventy-one cases of this group. Individual histories are given below, illustrating the fact that they form a series of increasing virulence.

In the following table the cases are arranged according to the day on which the fever began :

Fever began on labor day			in	9 cases.
"	1st	"	"	12 "
"	2d	"	"	11 "
"	3d	"	"	13 "
"	4th	"	"	8 "
"	5th	"	"	4 "
"	6th	"	"	1 "
"	7th	"	"	2 "
"	8th	"	"	3 "
"	9th	"	"	4 "
"	10th	"	"	2 "
"	12th	"	"	1 "
"	13th	"	"	1 "

These cases are tabulated according to the number of days of high temperature, thus:

Fever lasted 1 day		in	8 cases.
"	2 days	"	18 "
"	3 "	"	14 "
"	4 "	"	16 "
"	5 "	"	10 "
"	6 "	"	5 "

Seventeen of these cases were examined by midwives or outside physicians before delivery and either developed fever prior to the third day post-partum or if later, prior to the first visit of this Hospital. Three of these cases were abortions and were unattended at the time of the expulsion of the ovum. Their fever was present when they came under the treatment of this institution. There remain fifty-one cases for which the responsibility remains with us. The following table shows these seventy-one cases arranged according to the maximum temperature recorded:

A maximum temperature between	100.5 and 101.5	in	9 cases.
"	101.5 and 102.5	"	12 "
"	102.5 and 103.5	"	20 "
"	103.5 and 104.5	"	19 "
"	104.5 and 105.5	"	9 "
"	105.5 and 106.5	"	1 "
"	106.5 and 107.5	"	1 "

The following abstracts of individual histories will show the varying severity of the cases here included:

Case XIII. (C. N. 1177).—Nativity, Russia; age 26; III. para. Patient began to bleed in fourth month of pregnancy, and stated that she had done so for several days prior to our first visit. At that time she had been tamponed by an outside physician and had a temperature of 103.8° and pulse of 110. The lochia were foul, profuse and rusty in color. The uterus and the parametria were very tender. The breasts gave no symptoms, and the bowels had been regular. This is a case of infection during the progress of an abortion. All the symptoms subsided after an immediate curetting, by which considerable foul-smelling debris was removed and intrauterine douches of bichloride of mercury, 1 to 10,000, on the first and second days. On the third day an intrauterine

douche of the peroxide of hydrogen was given. The chart of the fever curve follows in Fig. 13.

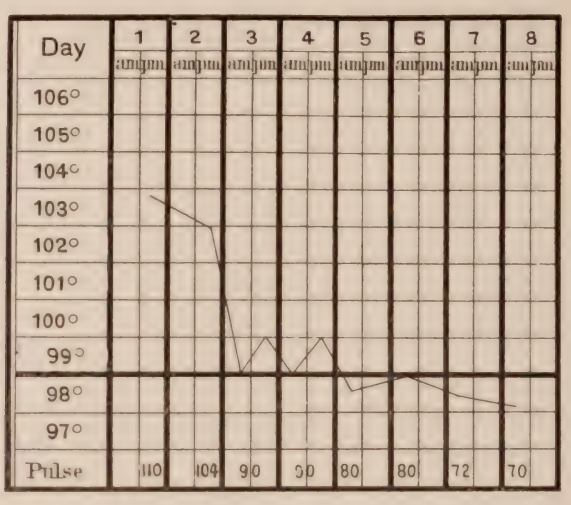


Fig. 13.

Case XIV. (C. N. 355).—Nativity, Sweden; age, 19; I. para; delivered at term by this Hospital; vertex presentation; labor uncomplicated. Mild infection at time of labor. The symptoms presented were a moderate febrile action lasting five days (see Fig. 14), a slight acceleration of the pulse rate, pain in the uterus and a foul-smelling discharge. The bowels were regular, and although the breasts were distended, they did not receive special treatment. Vaginal douches given daily from the first to the sixth day post-partum completed the cure.

Case XV. (C. N. 452).—Nativity, United States; age, 29; III. para; delivered at term by Hospital; vertex presentation; labor uncomplicated. Mild infection at time of labor. This case is similar to the preceding, but the symptoms yielded more promptly in consequence of more energetic measures. The fever lasted three days, and was accompanied by a tender uterus, a lochia with considerable odor and a moderately accelerated pulse. The breasts remained soft and the bowels moved daily except on the second day. The treatment consisted of a single intrauterine

douche of bichloride of mercury and the exhibition of a single dose of Epsom salts, both on the second day. The chart is reproduced in Fig. 15.

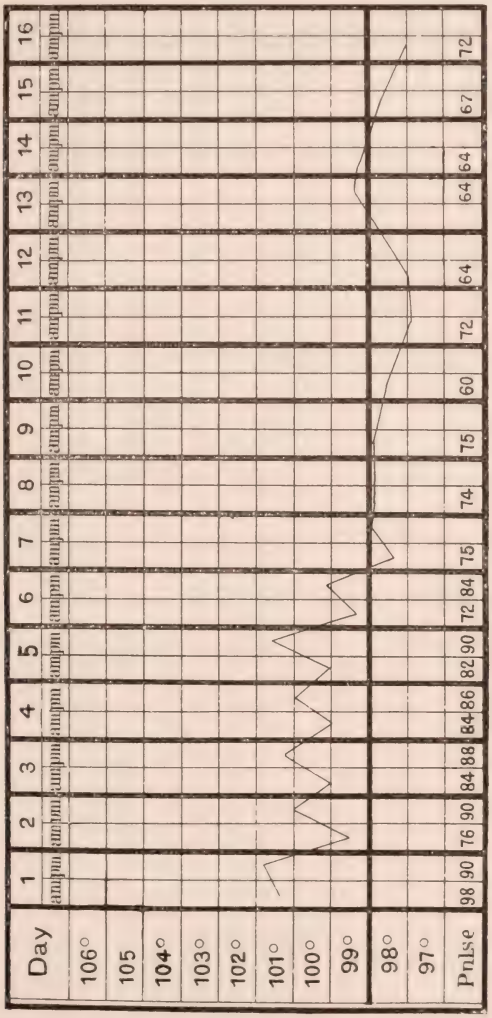


Fig. 14.

Case XVI. (C. N. 3227).—Nativity, Russia; age, 33; V. para; confined at term by Hospital. Mild infection at time of labor. Retention of a piece of membrane. Membrane came

away on second day. The uterus was tender on the second and third days, and there was slight odor to the lochia. The bowels moved regularly after the first day. The breasts were normal.

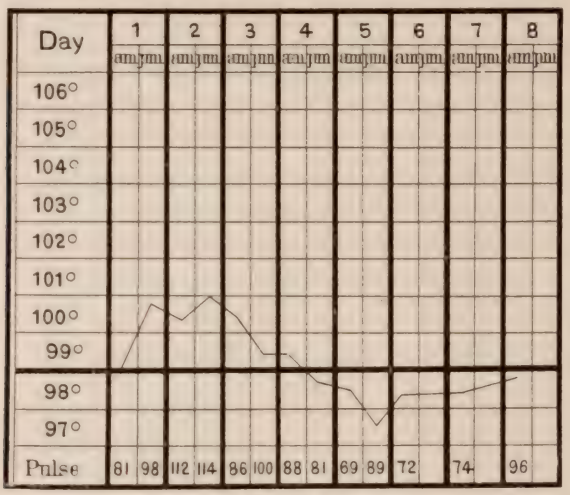


Fig. 15.

The temperature reached a maximum of 104°, and the pulse registered as high as 130. A dose of calomel was given on the first

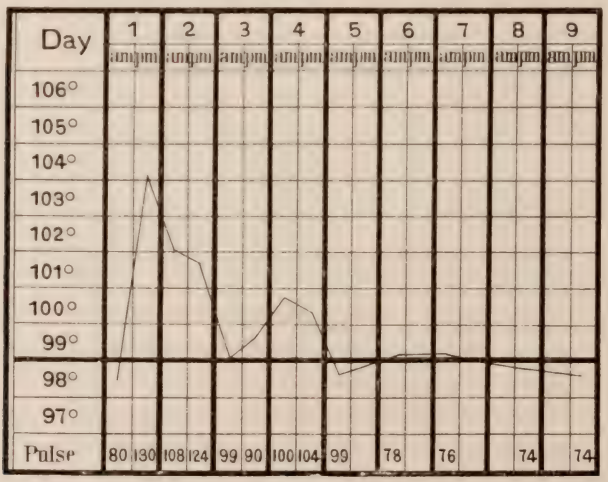


Fig. 16.

day, and an intrauterine douche on the second day finished the cure. Figure 16 shows the range of fever.

Case XVII. (C. N. 91).—Nativity, Ireland; age 27; III. para; delivered at term by Hospital; vertex presentation; labor uncomplicated. In this case there was the retention of a piece of placenta but symptoms of infection did not appear till the ninth day. A

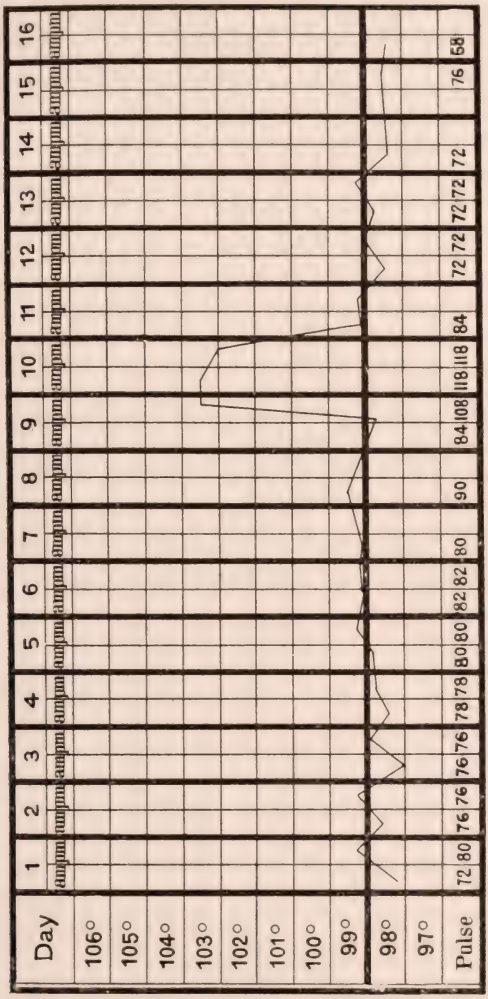


Fig. 17.

sudden rise with chill marked the onset. The uterus was not tender and the breasts and bowels gave no symptoms. The lochia were strongly odorous. The pulse conformed to the tem-

perature. On the tenth day the chill was repeated, the fever remained and the patient was curetted. The operation removed a placental mass, and there were no further symptoms. See chart, Fig. 17.

Case XVIII. (C. N. 1030).—Nativity, United States; age 21; I. para; vertex presentation; delivered by Hospital of full term child by forceps; still-birth; outside physician in charge before arrival; length of labor not noted; severe infection of endometrium at time of labor; placental mass retained. There were no changes in the breasts and the uterus alone gave physical signs, being large and painful to pressure. The lochia were profuse and foul. On the third day its odor was an evident contamination of the air of the whole room. The bowels moved daily. The pulse was markedly increased in frequency and diminished in force and volume. The febrile action is shown by the temperature curve in Fig. 18. This patient was curetted on the

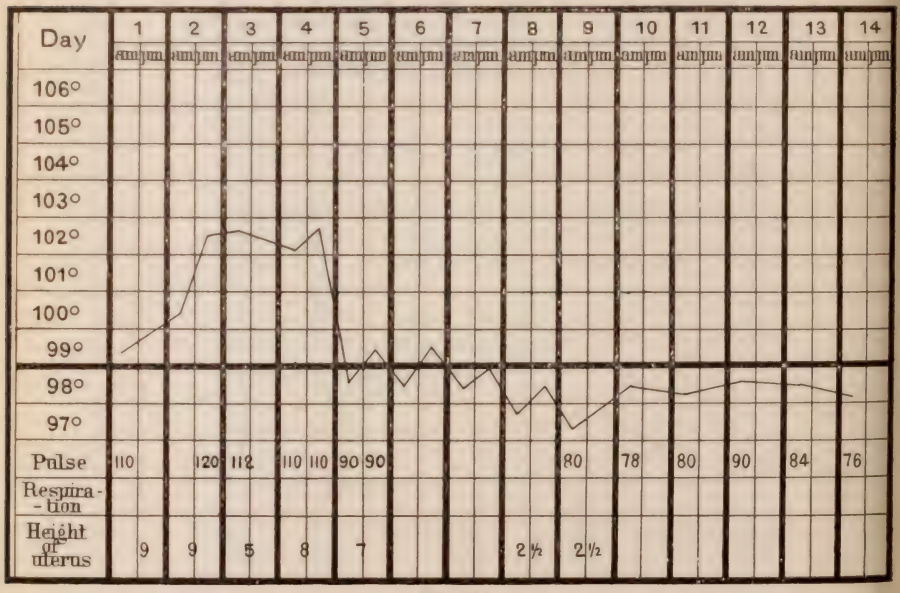


Fig. 18.

third day, and a large amount of very foul-smelling placental tissue and debris was removed. The treatment brought to a rapid termination what promised to become a very severe case.

Case XIX. (C. N. 1024).—Nativity, Russia; age 18; I. para; delivered by a midwife; child lived only a few hours. First seen by Hospital on eighth day after delivery. Physical examination then showed foul smelling lochia, a tender uterus, a tender exudation filling the right parametrium and extending out of the pelvis into the iliac fossa of that side, a phlebitis of the right saphenous vein and normal breasts. This case is a well marked infection of the endometrium extending by the veins. The pulse was affected out of proportion to the mere height of the temperature curve, and the patient gave one the impression of being seriously ill. A curettement of the uterus was done immediately, and an intrauterine douche was given on the fourteenth day. Under this treatment the fever subsided at the end of four days and remained below 99°. The patient had an attack of tonsillitis and bronchitis on the thirty-first day post-partum after going out in a hard rainstorm. The case was discharged well and in good condition on the forty-first day after delivery. A thorough examination on day of discharge showed only a slight thickening and induration of the right broad ligament.

See fever chart, Fig. 19.

IV.—The service of this Hospital is conducted entirely in the homes of the patients. Such a system is not without its drawbacks, although there are also many advantages over a regular hospital service. Occasionally we meet with a peremptory dismissal from a case, and have no opportunity to follow our patient to the end of her illness.

It is our custom to divide responsibility with no one, and we inevitably withdraw if an outside physician or midwife is retained, or if any operative procedure deemed necessary by us is declined by the patient. There is a feeling inherent in the human mind that an object which costs money must be better than the same thing when given away free. It is due to this feeling that we have been dismissed from certain cases, and have had to leave them to the care of some local practitioner. There are fourteen cases of septic infection which we were compelled to leave *in medias res*. Any special analysis of these cases would be of no value and they are grouped here only for the sake of convenience. Some would have belonged to the preceding group, and some

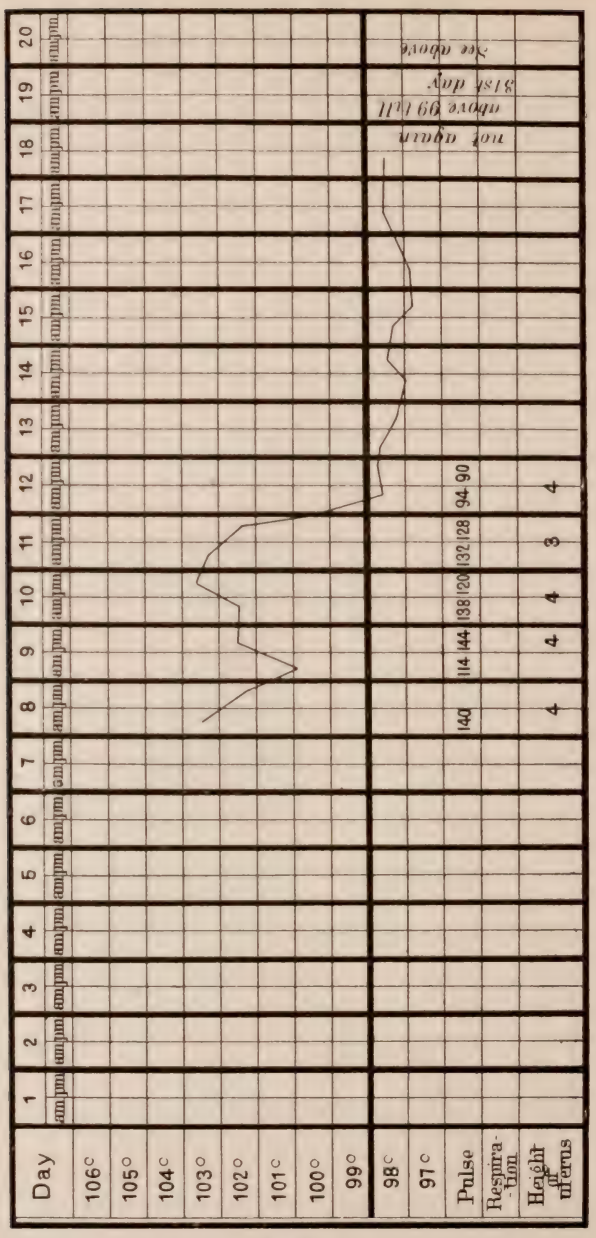

Day
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
am pm
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
Pulse
140
114 144
138 120 132 128
94 90
4 4 4 3 4
Respiration
Height of uterus
Not quite above 99 till 3rd day. See above.

FIG. 19.

undoubtedly to that of severe cases which follows. One was an infection from the perineum. In the other thirteen the endometrium was at fault. Eight were confined by the Hospital, in six of which the fever began on the fifth day or later. Six were confined by midwives or were unattended, in which the fever began on the fifth day or earlier.

V.—Returning now from the digression caused by considering the last group of cases, we can finish the analysis of the series of cases of septic infection of the endometrium. Twenty-two cases remain, and they can be grouped together as the severe type of puerperal fever. All these cases had a febrile action lasting seven or more days, unless a fatal termination brought the process sooner to an end. The same tables that were presented in the preceding groups are given here concerning these twenty-two cases:

Onset of Fever—

Fever began on	labor day	(during labor)	in 2	cases.
" "	1st "	post partum	" 6	"
" "	2d "	"	" 6	"
" "	3d "	"	" 2	"
" "	6th "	"	" 2	"
" "	7th "	"	" 1	"
" "	9th "	"	" 2	"
" "	11th "	"	" 1	"

It is particularly important to note that in six cases of true septicæmia the temperature did not appear until after the fifth day. There has been so much misunderstanding upon this point that we wish to emphasize not only the possibility of such an occurrence, but also its frequency.

Duration of Fever—

A.—Cases sent to other hospitals and recovered:

Fever lasted	2 days	in 1	case.
"	5 "	" 1	"
"	6 "	" 1	"
"	7 "	" 1	"
"	11 "	" 1	"

B.—Cases cured in this institution :

Fever lasted	7 days	in 1	case.
"	8 "	" 1	"
"	10 "	" 1	"
"	12 "	" 1	"
"	14 "	" 2	cases.
"	15 "	" 1	case.
"	18 "	" 1	"
"	20 "	" 1	"

C.—Fatal cases :

Fever lasted	3 days	in 1	case.
"	4 "	" 1	"
"	5 "	" 1	"
"	6 "	" 2	cases.
"	7 "	" 1	case.
"	10 "	" 1	"
"	34 "	" 1	"

Nine cases were delivered or examined by midwives, four of which were fatal ; and thirteen cases, with four deaths, were delivered by the Hospital.

The following table is the result of grouping these cases according to the maximum temperature recorded :

Maximum recorded temperature	100.5 to 101.5	in 0	cases.
"	101.5 to 102.5	" 3	"
"	102.5 to 103.5	" 3	"
"	103.5 to 104.5	" 6	"
"	104.5 to 105.5	" 9	"
"	105.5 to 106.5	" 1	case.

Case XX. (C. N. 2030).—Nativity, Austria ; age, 22 ; I. para ; delivered by the Hospital ; vertex presentation ; duration of labor, 49 hours, 40 minutes. A febrile action developed during labor and a temperature of 99° in the first stage and 101.5° in the second is recorded. The fever ran a moderate course, and except for its duration (eight days) this case would have belonged in group III. The pulse rate was affected out of proportion to the rise of temperature. The uterus underwent involution with fair regularity and was never tender. The lochia were "fœtid," especially on the sixth day. The breasts were normal, but the bowels were constipated. From the sixth to the eighteenth day, when the

patient was discharged, an arm was painful, and this complication was uninfluenced by the salicylates. A vaginal douche was given on the sixth day, and the uterus was curetted on the eighth. Pieces of decidua and creamy fluid were removed from the uterus. The baby's eyes were the seat of a purulent inflammation, beginning on the ninth day and subsiding on the fourteenth. Lead and opium wash and the acetate of aluminum were used at intervals on the painful arm. The chart is given in Fig. 20. The patient was discharged cured on the eighteenth day.

Case XXI. (C. N. 1754).—Nativity, Russia; age 21; I. para; delivered by the hospital; vertex presentation; length of labor, nine hours. Patient was undoubtedly infected during labor, and developed febrile symptoms on the second day. The temperature was continuous for four days, and then assumed an irregularly intermittent and remittent type. The improvement usually followed active local treatment. The pulse was much accelerated, and often remained rapid when the temperature was low. The bowels moved once on the second day and freely on the fifth day, and were kept regular by salines during the remainder of the treatment. The breasts were slightly fissured from the fifth to the ninth day, but were never caked. The uterus involuted rapidly for four days and then quite slowly for two weeks, when it could no longer be felt above the symphysis. The lochia had an odor until the fifteenth day, but this was slight after the fifth. The parametria were at no time involved. The uterus was tender only on the thirteenth day, after the second curetting. There were no complications. The rises of temperature were accompanied by headache, sleeplessness, anorexia and coated tongue and a feeling of muscular weakness and general malaise. There were no chills in spite of the rapid rises of temperature. The treatment was directed to the condition of the uterus. Intrauterine douches of bichloride of mercury were given on the days on which the temperature rose above 101°, and vaginal douches on the other days. The uterus was curetted three times, on the fourth, twelfth and eighteenth days. From the twelfth to the fifteenth days inclusive, the uterus and vagina remained packed with iodoform gauze. On the eighteenth and again on the

twenty-fourth days the uterine cavity and cervix were painted with a mixture of equal parts of carbolic acid and tincture of

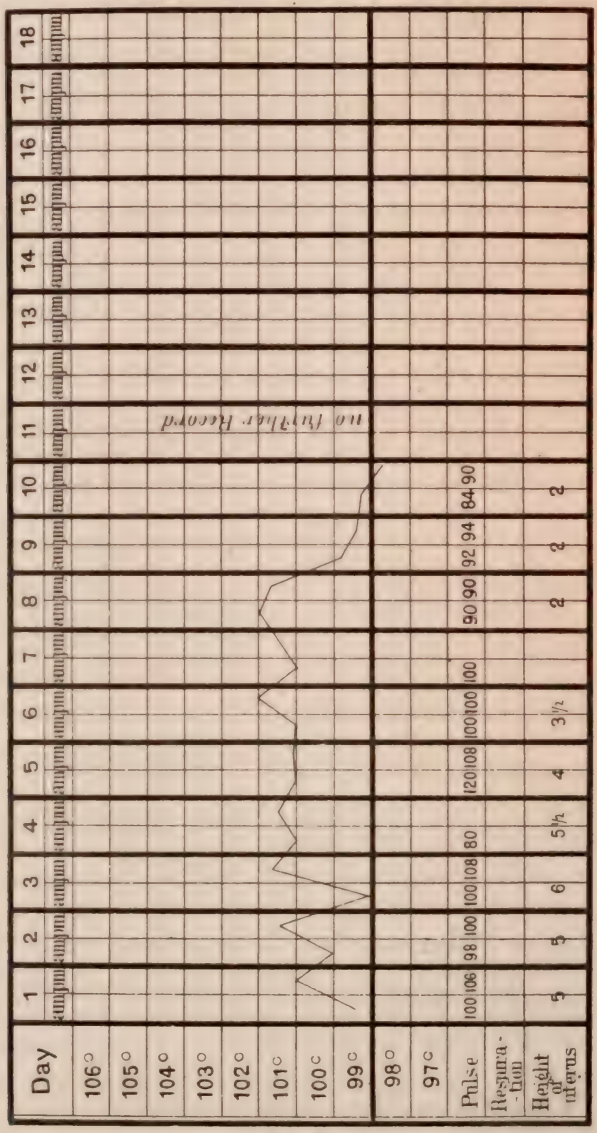
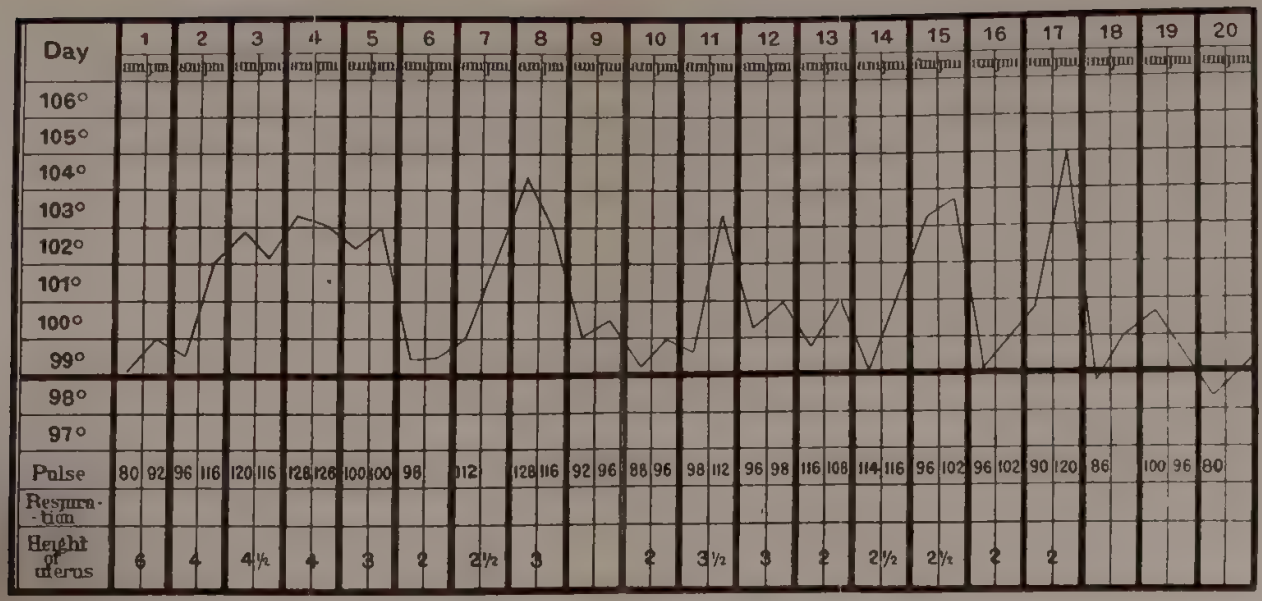


Fig. 20.

iodine. All local treatment was discontinued on the twenty-fifth day. General treatment consisted of a full diet of milk,


Day
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
am pm
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
Pulse
80 92 96 116 120 116 128 126 100 100 98 112 128 116 92 96 88 96 98 112 96 98 116 108 114 116 96 102 96 102 90 120 86 100 96 80
Respiration
Height of uterus
6 4 4½ 4 3 2 2½ 3 2 3½ 3 2 2½ 2½ 2 2

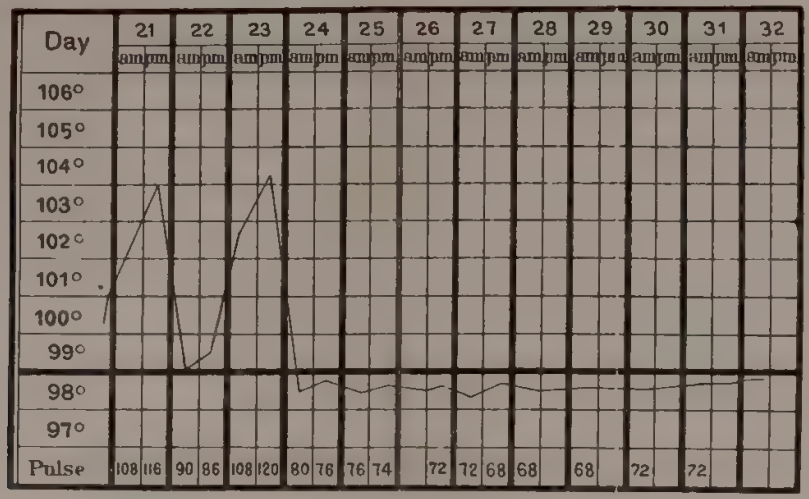
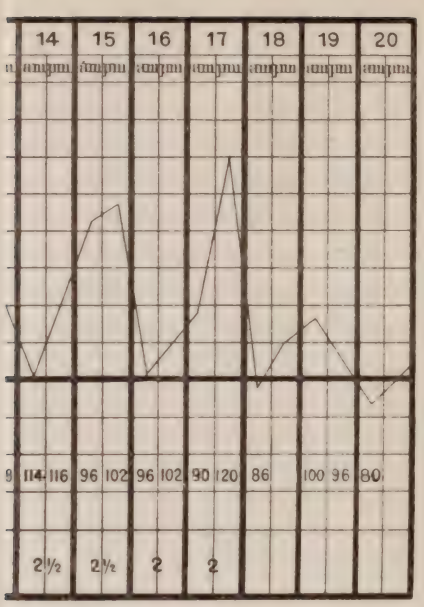
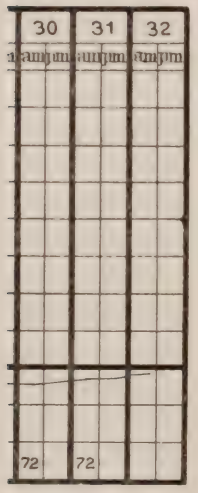

Day
21 22 23 24 25 26 27 28 29 30 31 32
am pm
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
Pulse
108 116 90 86 108 120 80 76 76 74 72 72 68 68 68 72 72

Fig. 21


14
15
16
17
18
19
20
114 116
96 102
96 102
90 120
86
100 96
80
2½
2½
2
2


30
31
32
72
72

peptonoids and broths, with moderate doses of alcohol (three ounces of whiskey in twenty-four hours) during the first days of the fever. Solid food was added and continued after the sixth day. Tablets containing ergot, 1 gr., tincture of digitalis, 1 minim, and quinine, 1 gr., were given thrice daily, and after the fifth day the patient took 10 grains of quinine each day. Warburg's Tincture in half-ounce doses was given in addition on the twenty-fourth to twenty-seventh days. The patient was discharged cured on the thirty-second day. See Fig. 21.

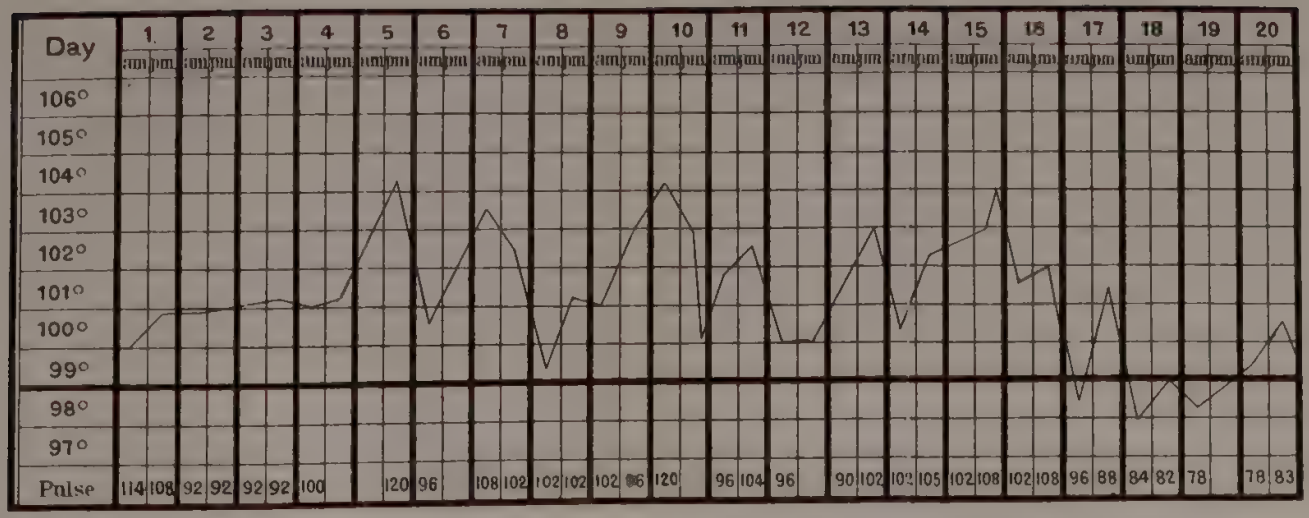
Case XXII. (C. N. 141). Nativity, Italy; age, 27; III. para; shoulder presentation; L. Scap. A. Patient first seen in first stage of labor having been in charge of an outside physician. Eight hours previously an attempt to perform podalic version without anæsthesia was unsuccessful. Five hours previous to being called to case two other physicians had failed to deliver by version, the patient being under chloroform. Examination showed a tonic contraction of the uterine muscle, the left arm prolapsed and the left shoulder at the internal os. The membranes were, of course, ruptured, the cervix was dilatable, but the Ring of Bandl was firmly contracted to a diameter of three inches. The fetal heart was not heard. The patient had a good pulse and no fever. Podalic version was successfully done. The child was still-born and its skin was beginning to macerate. After delivery the patient had a temperature of 100° and a pulse of 88. This patient had fever from the first and all the signs of a severe uterine infection. The temperature was very irregular and was above our limit of 100.5° at some time on twenty out of the first twenty-five days after labor. Only one temperature below 100° was recorded for seventeen days. The pulse was rapid throughout the febrile period, and to a degree above that indicated by the height of the temperature. Its force was often impaired. The bowels were kept regular by means of cathartics. The breasts filled with milk, but subsequently dried without caking. The uterus was very tender until the seventeenth day and the lochia were foul and were at first bloody, and after the eleventh day muco-purulent. The involution of the uterus was slow, and this organ had not decreased in size on the seventh day. Thereafter the retrograde process went on and the uterus is recorded as completely involuted

on the twenty-sixth day. The left parametrium was very tender from the eighth to the sixteenth day, inclusive, and there was a phlebitis of the veins of the left lower extremity beginning at the same time (eighth day) and remaining in an active condition, as shown by local tenderness, until the twentieth day. A further complication was noted on the fifteenth day, when the left ankle joint, and to a less extent the left knee, became red, swollen and painful. This inflammation had subsided on the twenty-second day.

Headache, coated tongue, anorexia, general feeling of weakness were all prominent symptoms accompanying the febrile movement. Three times this patient had a chill; the first with the onset of the phlebitis, the second on the thirteenth day without any discoverable increase in the lesions, and the third, on the fifteenth day, marked the commencement of the joint invasion. Nausea and vomiting accompanied the nervous phenomenon of rigor. A generous fluid diet, with four ounces of whiskey and ten grains of quinine, was given daily during the fever. The local treatment consisted of daily intrauterine douches of corrosive sublimate 1 to 10,000, followed each time by the introduction of an iodoform bougie into the uterus. The uterus was curetted on the fifteenth day, and several pieces of necrotic tissue (not placental) were removed. Only one routine douche was given after the curettement, and a final douche on the twenty-sixth day to remove an accumulation in the uterus which had caused the febrile rise of the day previous.

The patient sat up on the thirty-first, and was discharged on the forty-fourth day. Examination at time of discharge showed the uterus involuted, no tenderness in the pelvis, a slight thickening to the left of the uterus, and slight œdema of the left leg. The patient was up and about. The chart of the temperature is given in Fig. 22.

Case XXIII. (C. N. 399).—Nativity, Russia; age 28; I. para.; patient was delivered by a midwife. She began to feel badly on the second day post-partum. She was first seen on the third day by this Hospital, and then had a temperature of 102°, a weak pulse of 120, a rapid, shallow respiration, a pale and anxious facies, a coated tongue, a very tender uterus, fetid lochia, and she had vomited several times. A large intrauterine douche of bichloride


Day
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
am pm
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
Pulse
114 108 92 92 92 92 100 120 96 108 102 102 102 102 96 120 96 104 96 90 102 102 105 102 108 102 108 96 88 84 82 78 78 83

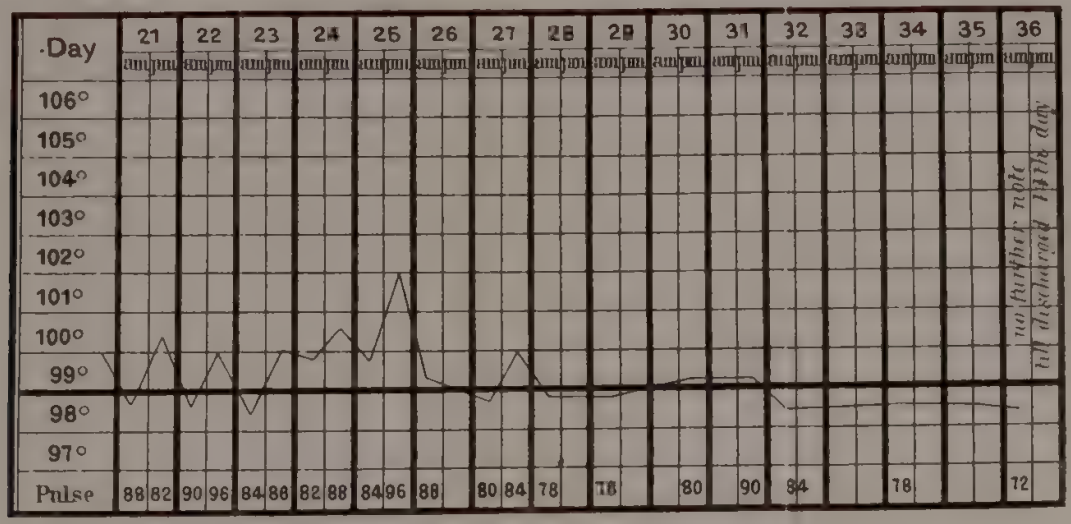

Day
21 22 23 24 25 26 26 27 28 29 30 31 32 33 34 35 36
am pm
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
Pulse
88 82 90 96 84 88 82 88 84 96 88 80 84 78 78 80 90 84 78 72
no further note till discharged 12th day

Fig. 22.

of mercury was given immediately, but the patient grew steadily worse and died about twenty hours after she was first treated. This was a very virulent and rapidly progressive case. The fever chart does not teach much in addition, but it is given in Fig. 23 :

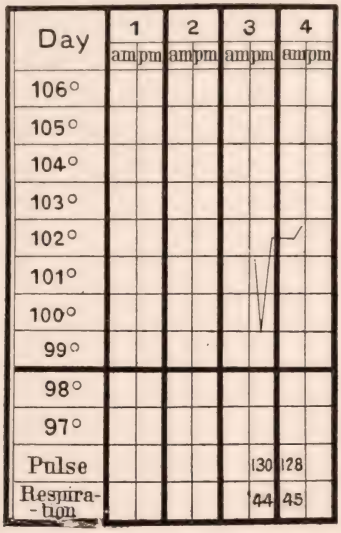


Fig. 23.

Case XXIV. (C. N. 161).—Nativity, England; age 28; III. para. Previous history of syphilis and of several severe attacks of vaginitis and recurring vulvo-vaginal abscesses. Delivered by the Hospital. Labor lasted seven and three-quarter hours, and was complicated by hydramnion, adherent placenta and post-partum hemorrhage. History of adherent placenta in previous labors. Placenta extracted manually from uterus and hemorrhage controlled by uterine douche of mercuric bichloride 1 to 5000. The child was still-born. The "normal" limit of temperature was passed first on the second day, and from that time on till the patient's death only three observations below 100.5° are recorded. The course of the fever was without any characteristic feature. The pulse was very rapid, and at times weak and feeble, and did not change its character with the remissions in the temperature. The breast became caked with the onset of the flow of milk, but readily resolved under the regular

treatment of hot stupes. The bowels were kept regular with calomel and salines. The uterus remained tender throughout and showed no signs of active involution. The lochia were foul-smelling and of a red color. There was never a purulent discharge. The right parametrium and right inguinal region were extremely tender during the first four days. On the sixth day she developed a double broncho-pneumonia. This patient complained very much of headache, and after the sixth day was delirious most of the time and was unable to recognize any one. She had one chill on the sixth day. The treatment consisted of a curetting on the second day, when the uterus was packed with gauze and daily douching with bichloride of mercury solution 1 to 10,000 (at times 1 to 6,000) and the introduction of a cocoa-butter pencil impregnated with iodoform 5 grains to the inch. The curetting was repeated on the third and fourth days, but nothing was removed at those times. The first curetting removed some portions of the placenta in a foul-smelling and putrefying condition. In the latter part of the treatment the uterus was swabbed out with equal parts of carbolic acid and tincture of iodine. The patient was given large doses of alcohol, and as much milk, broths and peptone preparations as she could be made to take. Whiskey to the amount of twelve ounces in twenty-four hours was given during the last days. Quinine, ten grains per day, and enough morphine to control the restlessness with digitalis and acetate of ammonia completed the list of drugs. This case was undoubtedly infected at time of labor with pyogenic bacteria originating from an old gonorrhœa. The fever chart is annexed, Fig. 24.

Case XXV. (CIV. 295)—Nativity, Russia; age, 28; II. para; delivered by a midwife, and first seen by the Hospital on the sixth day after delivery. Patient was already septic: temperature 102.5; pulse 99; excessive tenderness in uterus and to the right of that organ; fundus three and a half inches above the symphysis; lochia in considerable quantity and of a foul odor; pale, anxious countenance; coated tongue; breasts normal; and patient stated that the bowels had moved on the preceding day. Uterus was immediately curetted, and a handful of decomposing clots and placental tissue was removed by the operation. The

curettement was followed by a prolonged douche of corrosive sublimate into the uterus. The next day the patient was practically in the same condition, and the curetting was repeated, but the uterus contained only blood clots. Examination showed in-

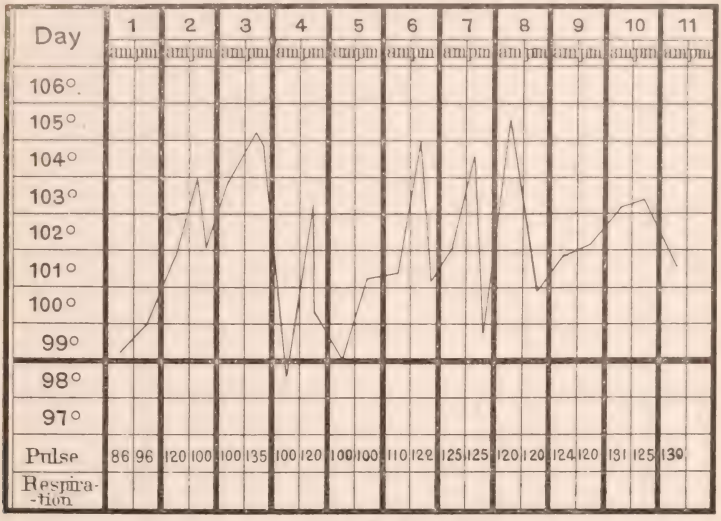


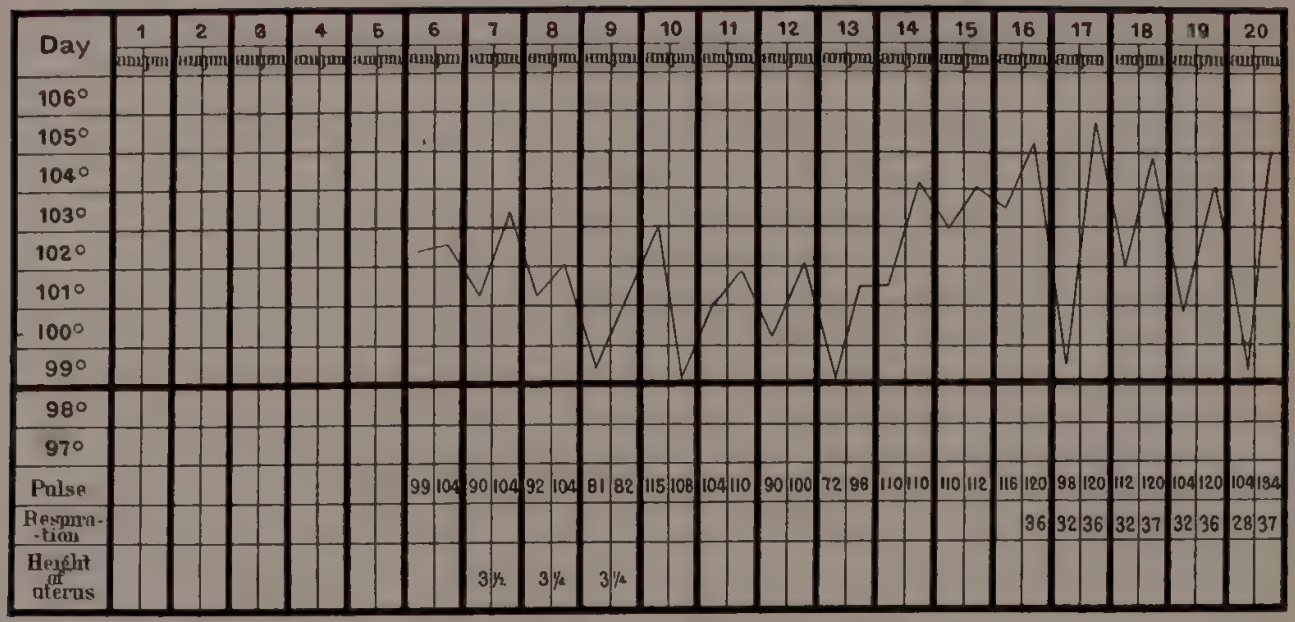
Fig. 24.

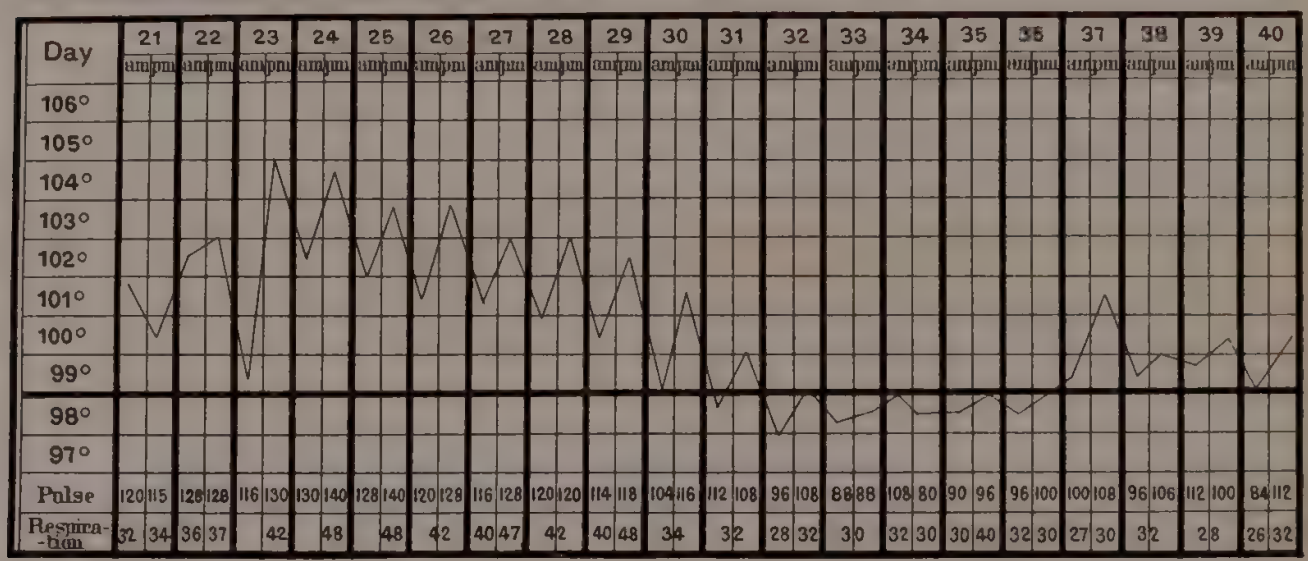
volvement of both parametria, more marked of the right. In spite of daily intrauterine douches of bichloride of mercury 1 to 10,000, followed by the introduction into the uterus of iodoform bougies, this patient not only did not improve, but on the contrary, she developed a pneumonia on the fifteenth day. From then until the thirtieth day post partum she had a high febrile action of a remittent type, and was in a critical condition for most of that time. As a further complication during this period, the subcutaneous tissue over the left deltoid muscle became hard and indurated, and the seat of a purulent inflammation. Intrauterine treatment was discontinued on the sixteenth day, when the pneumonia developed. At this time the uterus was not at all tender and the lochia were odorless and scanty in amount. From the seventeenth to the twenty-second day the patient was in a typhoid condition, with dry, coated tongue, subsultus tendinum, diarrhœa and delirium especially at

night. The physical signs characteristic of pneumonia persisted until the thirty-eighth day. At this time the patient was improving quite rapidly and seemed in good condition, except for the inflammatory focus on the shoulder.

During the next ten days the temperature ranged again on a slightly higher plane, 99° to 101°, and the pulse rate again ran up over 100. The abscess over the shoulder gave unmistakable evidence of its true character on the evening of the forty-third day. It was thoroughly opened on the next morning and packed with gauze. In spite of this the temperature reached 100.8 or more each day, and the pulse did not fall below 100. The patient had been on solid food since the thirty-eighth day and seemed to be gaining strength daily. The pulse and temperature remained the only hint of the ultimate termination of this case. The patient was out of bed on the forty-first day. At six o'clock on the morning of the forty-ninth day, while sitting on the edge of the bed the patient was suddenly taken with hematemesis and died in a few minutes. No autopsy was allowed. This case was one of pyæmia, and death resulted probably from a metastatic abscess and ulceration of a blood vessel in the stomach. After the subsidence of the uterine inflammation (fifteenth day) the treatment consisted of stimulants and as much food as the patient would take. Twelve ounces of whiskey and one drachm of carbonate of ammonia with enough opium to control diarrhœa were given during the worst of the pneumonic period. One grain of quinine and one-eighth of opium every three hours were given from the twenty-fourth to the thirty-first day to try to influence the remitting septic fever of that period. The chart follows, Fig. 25.

VI.—There remains a small group of four cases in which the septic infection began in a laceration of the perineum. All four were primiparæ and all were delivered by the Hospital. Three cases were moderate lacerations. In two of these the fever began within thirty-six hours of delivery and ran for three and four days respectively. The maximum temperature was 101.2°, and although the maximum pulse rate was 114, the average was below 100. The third case developed a mild, sloughing condition in the perineal wound on the ninth day and ran a two day temper-


Day
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
am pm
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
Pulse
99 104 90 104 92 104 81 82 115 108 104 110 90 100 72 98 110 110 110 112 116 120 98 120 112 120 104 120 104 134
Respiration
36 32 36 32 37 32 36 28 37
Height of uterus
3½ 3¼ 3¼


Day
21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40
am pm
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
Pulse
120 115 126 128 116 130 130 140 128 140 120 128 116 128 120 120 114 118 104 116 112 108 96 108 88 88 108 80 90 96 96 100 100 108 96 106 112 100 84 112
Respiration
32 34 36 37 42 48 48 42 40 47 42 40 48 34 32 28 32 30 32 30 30 40 32 30 27 30 32 28 26 32

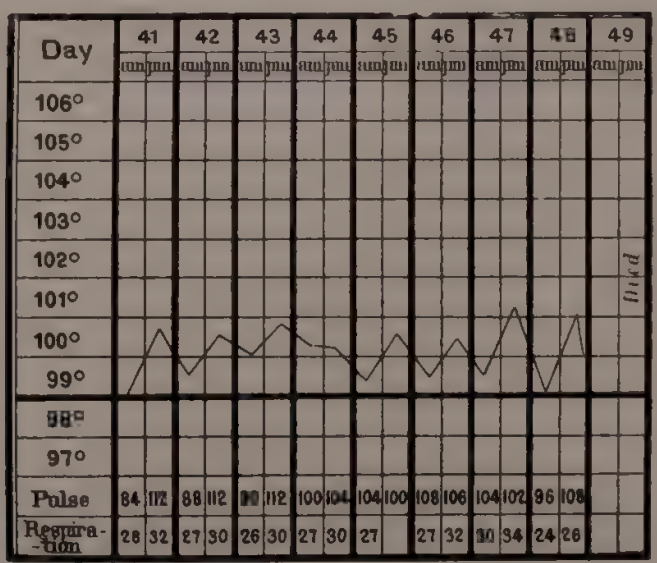

Day
41 42 43 44 45 46 47 48 49
am pm
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
Pulse
84 112 88 112 100 112 100 104 104 100 108 106 104 102 96 108
Respiration
28 32 27 30 26 30 27 30 27 27 32 30 34 24 26
Died

Fig. 25.

ature reaching 102.4° with a pulse of 120. All three cases were treated by vaginal or uterine douches and cathartics. The fourth case was one of severe laceration, following an application of high forceps in the service of the hospital. The laceration involved the interior rectal wall and the sphincter muscle. The case ran a course of fever for twelve days out of twenty, and had only two recorded temperatures below 99°. Two attempts to repair the laceration failed, and the case was sent to Bellevue Hospital in an unimproved condition. At Bellevue several attempts in the course of her stay resulted in partial success only.

In all four cases the immediate operation for relief failed to give any benefit whatever. No charts are appended, since they have no special clinical value.

Symptoms.—The following details concerning the individual symptoms are deduced from a study of the series of cases which have just been divided into six clinical classes. The symptoms of all six are the same, differing merely in the varying degree to which they develop. The same is true of the different etiological divisions. The sepsis due to streptococcus cannot be distinguished from the sepsis due to staphylococcus by any study of the rational symptoms or the physical signs.

The *temperature* is irregularly intermittent or remittent, and is the first essential sign of septic infection. The onset is usually gradual in that the temperature is slightly elevated for one or two days before any high febrile action is noticed: this is well shown in case XXII. above. The normal may be reached by a well marked period of lysis, as is seen in case XXV., or the febrile action may cease suddenly in the midst of a well marked intermittent or remittent course. The first is seen in case XX. and the latter in case XIX.

The *pulse* is increased in frequency out of all proportion to the height of the temperature. The force is diminished and the tension lowered. Irregularity in the pulse is a sign of bad import. Whereas the temperature alone is the very best index of the presence or absence of a septic infection, the condition of the pulse, and especially its disturbance out of proportion to the febrile

action, is a sign of greatest prognostic value and is also of considerable diagnostic significance.*

Chills are noted in certain of these cases which are characterized by sudden rises of temperature either at the outset or during the course of the disease. Chills occur in mild as well as in severe cases and are not indicative of a metastatic deposit, as might be inferred from old descriptions of pyæmia and allied diseases.

Headache as a symptom is quite prominent. It is especially marked at the outset, but often continues throughout the whole duration of the disease. It is at times very severe, and of itself may be sufficient to cause sleeplessness. This symptom of *sleeplessness* may be due to pain in the head or to abdominal pain, or it is directly caused by the poison of the disease, and is a mild manifestation of the tendency of the disease that later is seen as delirium. The *delirium* may be quite wild and even maniacal, but more often it is of a low, muttering character. The delirium is most marked at night and may alternate with a condition of stupor, although a benumbed intellect is quite an exceptional condition. These patients are usually bright and think too actively. They become very anxious about themselves, and this condition of mind is usually depicted on the countenance. The alimentary canal gives but few symptoms. The patients can take large amounts of nourishment in fluid form, and in solid form if it be easily digestible. *Vomiting* is a frequent symptom at the outset of severe types of infection. At other times and in other cases it is quite uncommon. The *bowels* may be constipated or there may be diarrhœa. Looseness of the bowels is present in proportion to the severity of the attack, and is therefore a symptom rather of the later stages. The *urine* is high colored and of high specific gravity, and may contain a trace of albumen, or there may be the signs of an acute nephritis. The *tongue* is coated and moist at first, and later, in the severest cases, may be dry and cracked. The patient may pass into a typhoid condition. If this occur, she rarely if ever recovers.

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* Liebermeister (49) gives the following interesting figures in this connection. The pulse rates here given represent the disturbance which should be evinced by the pulse simply under the influence of the corresponding temperatures.

37° C., 98.6° F., 78 Pulse.	39° C., 102.2° F., 97 Pulse.	41° C., 105.8° F., 109 Pulse.
38° C., 100.4° F., 88 "	40° C., 104° F., 105 "	42° C., 107.6° F., 121 "

The local signs vary according to the type which the disease follows. The most constant local symptoms are *pain* and *tenderness*. Even these may be entirely absent. They are limited to the uterus or are also found in the parametria, or extend to the whole abdomen, according as the inflammation is limited to the uterus or extends to the neighboring parts. The pain is greater in direct proportion as the inflammation approaches or involves the peritoneum. The *abdomen* may be distended by a paralysis of the intestine and its consequent relaxation. Local swelling is caused by any inflammatory exudate in the cellular tissue about the uterus. The *uterus* undergoes involution, though somewhat more slowly, in spite of the presence of fever, but the retention of any part of the secundines has a decided influence in checking this retrograde process until the retained tissue is removed or spontaneously expelled. The character of the *lochia* changes rapidly, and this change may begin before there is any constitutional disturbance. The color of the lochia remains more or less bloody, but the odor usually becomes foul quite rapidly. This *odor* of decomposition is more marked in cases where there is retention of pieces of membrane or placental tissue. There may be no such odor at any time even in the severest cases. The lochia often become scanty, with a sudden outset of fever, but are re-established after the space of about twenty-four hours. When the lochia grow scanty, the mucous membrane of the vagina and vulva becomes dry and hot. Later it is red and inflamed, and any casual solutions of continuity may become covered with a pseudo-diphtheritic exudate.

Complications.—An inflammatory condition of any of the various viscera or connective tissue elements of the body may result as a complication of a septic infection. So far as our series of cases is concerned, the following have been recorded :

Pneumonia alone	in 5 cases.
Pneumonia, pyæmic abscess and fatal hæmatemesis	" 1 case.
Pneumonia and saphenous phlebitis	" 1 "
Pneumonia and nephritis	" 1 "
Acute phthisis	" 1 "
Pyæmic abscesses	" 1 "
Acute nephritis	" 2 cases.
Peritonitis	" 1 case.

Peritonitis; miliaria eruption	in 1 case.
Saphenous and femoral phlebitis	" 2 cases.
Bronchitis	" 1 case.
Abscess in alveolar part of jaw	" 1 "

The pneumonias that we have seen were all broncho-pneumonia; two of the five cases with pneumonia alone died. The pneumonia with pyaemic abscesses died, and the two cases of pneumonia and nephritis and of pneumonia and phlebitis respectively recovered. The case of acute phthisis died. The pyæmic case died. One of the three cases of acute nephritis died. The nephritis was in all an acute exudative inflammation of the kidney. Both of the cases of peritonitis recovered, one after laparotomy and one without operative interference. All the cases with thrombosis of the veins of the lower extremity recovered. The cases compliicated by alveolar abscess and bronchitis were quickly cured.

Fatal Cases.—There have been eight deaths from septic infection. A resume of these cases copied from the preceding reports is here appended.*

I.—(C. N. 161) Case XXIV. of this report was delivered by the resident physician in a cellar of a tenement and was suffering from double labial abscess of gonorrhœal origin. She developed septicæmia, complicated by pneumonia and died on the eleventh day.

II.—(C. N. 295) Case XXV. above; confined by midwife; first seen sixth day post partum; septicæmia; pneumonia; metastatic abscess; hematemesis; death forty-eighth day post partum.

III.—(C. N. 399) Case XXIII. above; confined by midwife; first seen third day post partum; septicæmia; collapse and death fourth day post partum.

IV.—(C. N. 420) Confined by Hospital; hydrocephalus; vertex presentation; podalic version; severe lacerations of cervix and perinæum; septicæmia; death sixth day post partum.

V.—(C. N. 864) Confined by Hospital; breech presentation; labor easy; puerperium normal till tenth day; septicaemia and pyæmia; sent to Bellevue Hospital fifteenth day post partum; death twenty-second day after delivery.

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*There have been no deaths from sepsis among the last 3,800 cases treated by this Hospital (October 1, 1893).

VI.—(C. N. 995) Confined by midwife; first seen on day after delivery; had sepsis and fever from beginning of treatment; developed symptoms of acute pulmonary tuberculosis on fourth day; went to hospital on sixth day, died there on twenty-sixth day. (This death was by error omitted from the second annual report of the Midwifery Dispensary.)

VII.—(C. N. 1016) Confined by hospital; labor normal; septicæmia; nephritis; death sixth day post partum.

VIII.—(C. N. 1093) Confined by midwife; labor easy; first seen on third day after labor; pneumonia; septicæmia; death seventh day post partum.

Strictly speaking four of these cases were delivered by the Hospital and four by midwives, but Case I. was undoubtedly infected from the old gonorrhœa, and Case V. was not infected until the ninth day after labor, probably by an act of cohabitation with her drunken husband. There remain two cases which were undoubtedly infected by the pupils of this Hospital at the time of labor. The percentage of total deaths from septicæmia in our service has been 2 per cent., or eight cases out of 3,737.

Autopsy.—Of the eight cases that died only one has come to the post mortem table. This was number seven (C. N. 1016) of the above list. A copy of the protocol is appended. Body well nourished, slight œdema over tibia. Rigor mortis marked. Abdomen distended, tympanitic. Stomach, some post mortem change, otherwise about normal. Intestines greatly distended with gas. Peritoneum seems glistening; vessels much congested. In broad ligaments small amount of old thickening. Bladder empty and normal. Small amount of bloody fluid containing flocculi found in pelvis. Lungs do not collapse on opening chest. No adhesions or fluid in either pleural cavity. Emphysema over anterior portion of both lungs. Left lung, upper lobe fairly aerated, lower lobe congested and œdematous. Right lung, upper and middle lobes fairly aerated, lower lobe congested and œdematous, almost putrefying. Pericardium normal. Heart normal in size; muscular substance apparently normal; valves normal. Gall bladder normal. Liver, large, very soft and doughy, large area of complete fatty degeneration seen on surface. Spleen, 7 inches by 3½ inches, very soft, color normal. Kidneys, larger than normal,

capsules strip readily, surface appears smooth, consistence very soft, fair color, cortex increased in thickness, markings indistinct, few small areas of chronic fibroid changes. Uterus 2½ inches above symphysis pubis, 15 cm. long, 11 cm. wide at fundus, wall 3–3¼ cm. in thickness, consistence very soft, wall infiltrated with inflammatory material. Entire mucous membrane of uterus was in sloughing condition from external os to fundus. No retention of secretion. Vagina not involved. Ovaries and tubes swollen slightly. These organs were subsequently mislaid, and no microscopic examination was ever made of them.

Treatment.—Prophylaxis.—The prophylactic precautions which are in routine use in the service of this Hospital may be summarized thus: a most careful aseptic and antiseptic treatment of all the instruments and other paraphernalia used in the lying-in-chamber; a similar treatment of the hands of the attendant and the external genitals of the patient. There is no disinfection of the internal genitals unless a purulent discharge be present or some suppurative process be in progress.

We carry in the "labor bag" of the Hospital everything, except water, which will probably be of use in a case of normal labor. The contents of this bag are: pelvimeter; stethoscope; glass catheter; rubber catheter in carbolic sol. 1–40; douche bag; douche tubes in sol. Hg. $Cl._2$ 1–500; scissors; eye dropper; three basins; vulva pads in sterilized jar; absorbent cotton wipes; linen eye wipes dry; linen eye wipes in sat. sol. boric acid; scales; tape measure; tapes for cord in sterilized bottle; nail brush; green soap; vaseline; tablets Hg. $Cl._2$; starch; pil. cath. co.; tablets quinine, digitalis and ergot; alcohol; chloroform: acetic acid; chloral hydrate sol. 1 to 4; nitrate of silver sol. 1–100; blanks for records of case.

On arriving at a case the pupil must wash his hands with soap and water and then wash the vulva, the mons veneris, the groins, the nates and the external perineum of the woman, and rinse these parts with bichloride of mercury solution 1–1000. He then disinfects his hands, wrists and forearms by scrubbing with soap, water and nail brush for at least three minutes. To do this he removes his coat and rolls up his sleeves. This washing is followed by a scrubbing of the same parts in solution of mercuric

chloride 1–1000, the nail brush being again used for the space of three minutes.

We wish particularly to emphasize the fact that the finger is introduced into the vagina still wet from the cleansing process just described, and that the hand comes in contact with absolutely nothing between the washing solution and the vagina. We find this particularly difficult to impress upon our students, and to carelessness in this regard we feel justified in attributing many of the instances of septic infection occurring among our own patients. The student is not infrequently detected opening a door or handling the bedclothes with the disinfected hand, thus utterly nullifying the process of disinfection.

The hands are thus disinfected before each vaginal examination. The disinfection of the external parts is repeated every three hours as long as the labor continues. Immediately after the delivery of the placenta a single hot vaginal douche is given, consisting of two or more quarts of solution of mercuric chloride 1–10000. This is done for the purpose of removing from the vagina all clots. It also tends to prevent uterine relaxation and consequent hemorrhage, and it is also very comforting to the patient.

Throughout the puerperium there is no meddling with the internal genital tract. The whole local treatment consists in keeping the external parts clean and renewing the vulva pads at first twice and later once daily. In operative cases there is no extra precaution at present in use here except that a sterile intrauterine douche follows all intrauterine manipulations, however insignificant. We wish to state in this connection that so far in the history of this Hospital, no peritoneal symptoms have followed the use of the intrauterine douche.

When fever occurs in a post-partum patient a thorough physical examination is immediately made by the attending physician on duty. If he decides that the temperature is due to breasts, bowels or a complicating disease of non-septic origin, she remains in his care and is attended by the regular staff. If he thinks she is probably septic, she is transferred to the attending physician on septic duty, and a member of the regular staff is isolated for the purpose of attending her. In the meantime

she has probably received an intrauterine douche, the breasts have been treated if necessary and cathartics have been exhibited if the bowels were constipated. All of the hospital paraphernalia used in the care of septic cases is kept for that purpose only. It is cleansed by the septic member of the staff in a separate room, and never in any way comes in contact with the regular service of the hospital.

Upon the arrival of the septic-attending physician, if the temperature has not already subsided, the patient is thoroughly curetted. The curettement is followed by an intrauterine douche of mercuric chloride 1–10000. If the uterus be flabby and relaxed a drain of iodoform gauze is sometimes used or an iodoform pencil is introduced.

We wish to impress the fact that the curettement is not repeated. In the early history of our work in septicæmia several cases were curetted more than once. Many of the severe cases cited above occurred while this practice was in vogue. The intrauterine douche is often repeated when its repetition is found to have an influence upon temperature or pulse. In a relaxed uterus, where drainage is imperfect, it is of distinct service. In the curettage both the sharp and the dull curette, both large and small, are used, according to the judgment of the operator.

The object of the curettement is to assure the physician in charge that the uterine cavity is empty and clean. With this as a starting point subsequent treatment can be made rational and intelligent. It has been noticed that after curettement pulse and temperature often rise for a few hours.

Constitutional treatment consists in the regular administration of small quantities of easily digested food at short intervals. In this way a large quantity of food is introduced during the twenty-four hours without overtaxing the powers of digestion or assimilation. Quinine is sometimes given in tonic doses, purely as a constitutional stimulant. Antipyretics are not used. Whiskey and cardiac stimulants are used as the pulse indicates. Complicating diseases are treated by the ordinary methods. In the cases of this Hospital cœliotomy has only once been used in the treatment of the peritonitis. In this case recovery was good.

The convalescence is aided by tonics and large quantities of nourishing, easily-digested food.

Class V.—Fever Due to Unknown Causes.—Finally we have to consider 106 cases in which no accountable cause for the temperature was obvious. These 106 cases have been divided as follows:

Subdivision—

A. Cases in which there was single rise to 100.5° F. on labor day	39
B. Cases in which there was single rise to 100.5° F. on some day other than labor day	56
C. Cases in which there was more than one rise to 100.5°	11
Total	106

Maximum Temperature—

In Subdivision *A.* No case registered higher than 101.5° F.		
" *B.* 100.5° to 101.5° F	38	cases.
101.5° to 102 5° F	14	"
102.5° to 103.5° F	4	"
Total	56	cases.
In Subdivision *C.* 100.5° to 101.5° F	7	cases.
101.5° to 102.5° F.	4	"
Total	11	cases.

Day of Temperature in Cases of a Single Rise.—In the cases in which a single rise of temperature was registered the elevation occurred on—

Subdivision *A.* Labor day	in	39	cases.
Subdivision *B.* 1st day, post partum	"	10	"
2d " "	"	8	"
3d " "	"	7	"
4th " "	"	4	"
5th " "	"	12	"
6th " "	"	3	"
7th " "	"	6	"
8th " "	"	5	"
10th " "	"	1	"

Day of Temperature in Cases of more than One Rise (Subdivision *C*).—In each of the eleven cases of this subdivision the temperature occurred as follows:

2d and 8th days	in	1 case.
5th " 7th "	"	1 "
1st " 5th "	"	1 "
2d A. M. and 2d days, P. M.	"	1 "
1st A. M. " 1st " P. M.	"	1 "
2d and 3d days	"	1 "
Labor and 8th day	"	1 "
1st to 10th day, inclusive	"	1 "
4th and 5th days	"	1 "
2d, 4th, 5th, 6th and 7th days	"	1 "
3d and 4th days	"	1 "

These eleven cases averaged three days of fever each.

With the possible exception of the case in Subdivision C, in which there was temperature for ten days, there was nothing in the symptoms or in the physical examination to account for the fever, and the temperature regularly became normal without treatment.

In the case excepted (C. N. 738) the patient's mental condition was evidently much affected, and a drunken husband added daily disturbances to the other domestic complications.

With regard to Subdivision A—the cases in which a single rise occurred on labor day—Winter (45*a*) has made some interesting observations. He believes that there is an increase in the body temperature due to the muscular work of the uterus, especially as the lungs and skin are less active in labor than in ordinary exercise. This temperature has been observed by him to be over 39° C. in the second stage in five cases and over 39° C. in the first stage in two cases. Usually the fever due to this cause is not over 38° C. The temperature falls promptly after labor, but not always immediately to normal.

No clinical cases of Class V. are appended, as the charts present no further points of interest.

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A MODIFICATION OF THE SO-CALLED CREDÉ'S METHOD OF EXPRESSING THE PLACENTA.

J. W. MARKOE, M. D.

In 1853 Credé published for the first time a method of removing the placenta from the uterus within a short period of time after the birth of the child. In 1860 he republished this method in an address in commemoration of Ernest Gottlob Bosii. His method will best be described by a translation of his original article, published in 1853 in the "Klininische Vorträge über Geburtshülfe, p. 599:"

"The simplest and most natural method of artificially removing the placenta consists in inciting and invigorating the sluggish activity of uterine contraction. A single energetic contraction of the uterus brings the entire process to a rapid end. I have heretofore in innumerable cases without exception, successfully produced an artificial and powerful contraction of the uterus within a quarter to half an hour after the birth of the child, even though the activity of uterine contraction was ever so sluggish, by rubbing at first gently, then gradually more vigorously the fundus and the body of the uterus through the abdominal walls. As soon as this contraction has reached its maximum strength, I seize with my whole hand the entire uterus in such a manner that its fundus comes to lie in my palm, while the five fingers surrounding its body make a gentle pressure. (Fig. 1.) I always feel the placenta slipping under my fingers out of the uterus, and this happens in most cases with such violence that it protrudes immediately from the external genitals, or at least makes its way into the lowest part of the vagina. The patient experiences from this manipulation no other discomfort than the somewhat increased pain of the uterine contraction thus developed, but on the other hand it becomes unnecessary to introduce for the removal of the placenta the finger or the entire hand

into the external or internal genitals which have been rendered so exceedingly sensitive by the previous strain and tension. The uterus remains subsequently well contracted, a hemorrhage is therefore less to be feared, and an inversion of the uterus can

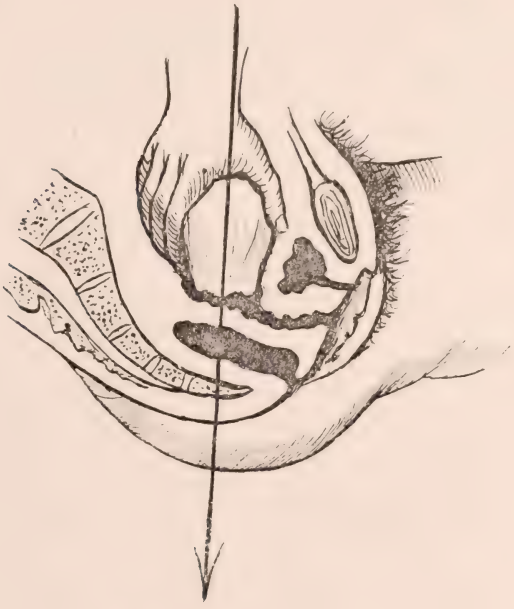


Fig. 1.

never occur during a regular contraction, while it is always possible with the usually adopted method of removing the placenta."

It will be seen that in describing his method no mention is made of the direction in which the pressure should be made.

Dr. A. Goschler, in the "Allgemeine Wiener Med. Zeitung," in Vol. VIII., 1863, plainly recognized the importance of the direction in which the expression should take place, and expresses his ideas as follows:

"A cause of placental retention, hitherto not sufficiently appreciated, is post partum flexion of the uterus, at times anteflexion, at times lateral flexion. It is obvious that such flexion should be an impediment to the removal of the placenta, and in

fact it is the most frequent one. It can only be prevented by continuous manual observation of the uterus from the very first moment after the birth of the child, and by resting the forearm upon it along its entire length from the symphysis so that the fundus is covered by the hand in order to seize and compress it when the necessity for doing so arises. In this manner the uterus can flex neither in a forward nor lateral direction. But if, by reason of neglect of these directions, flexion has actually come to pass, all friction is useless. The fundus must then be lifted upward and backward, then pressed downward in the line of the pelvis. In one word, reposition of the uterus must be established, the flexion removed and the uterine cavity simply changed into a straight line. Friction and compression are, in our opinion, not to be applied in normal uterine contraction."

In this he describes the flexions of the uterus as being at fault, ignoring the relations of the axis of the uterine canal to that of the vagina.

Dr. H. N. Freund, in the "Deutsche Medizinische Wochenschrift," 1887, XIII., 934, says, in his efforts to assist the retraction of the uterine body away from the placenta, that he accomplishes his purpose by bringing the axis of the uterus more nearly in line with that of the vagina. He describes his methods as follows:

"I therefore recommend for the removal of the separated placenta, a manipulation which never yet has failed me, and incontrovertibly resembles the physiological process most closely. As is known, and as Ahlfeld and Cohn especially demonstrated, the uterus rises in the third stage at each pain higher towards the umbilicus. It acts during the expulsion of the placenta exactly as it does during the expulsion of the child. It retracts over it (Zieht sich darüber zurück).

"I imitate this process and take with one or both hands the lower segment above the symphysis, and while avoiding all force, push it upward. The placenta then falls out forthwith. Convinced of the harmlessness and certainty of this manipulation, I do not hesitate performing it with one hand while the other gently pulls the cord. My procedure, imitating the physiological process, offers better service than torsion, also when decidua are still

adhering. I therefore recommend it; it must always be successful when complete separation of the placenta is established. Previous to that it should not be used."

In contradiction to Freund, Credé says, on page 108:

"It has lately been proposed in Weisbaden to draw the body of the uterus upwardly away from over the placenta, but this is not physiological and threatens a lesion to the lower segment of the cervix or vagina, and gives rise to hemorrhage.

Credé (Arch. f. Gynaekologie, 1881, page 268) describes his method much more fully, and distinctly ignores the acute angle that the placenta must transverse in passing from the uterus to vagina. He says:

"The hand occupying the centre of the true pelvis and grasping the uterus with its fundus thrown somewhat forward and upward, should press the latter gently downward into the hollow of the sacrum, more towards the coccyx; hence in a woman lying quite horizontally upon her back, the direction of this pressure would be in a perpendicular line to the brim of the pelvis." (Fig. 1.)

Credé, in the Archiv. für Gynaekologie, 1888, XXXI., speaking of the modus operandi, on page 106, again ignores the direction in which the pressure should be made. He says:

"The unpracticed accoucheur should first learn to observe the uterus with precision, to rub gently its entire surface, then to raise its body and to hold it in the direction towards the sacrum and coccyx, and only then exert pressure upon the uterus at the time of its greatest contraction, which is indicated by the accompanying hardness. At a subsequent pain, say at the eighth or tenth, he will feel the placenta slipping from under his hand out of the uterus and mostly also out of the vagina."

Dr. M. Lange, Königsberg, pr., 1891, also recognizes the axis of the uterus, but ignores its relation to the vaginal canal. He says:

"Standing at the side of the patient, with the face towards her head, we rub with the flat hand the fundus in circular motion, after having placed the uterus in the median line. At the first contraction both hands grasp the uterus in such a manner that the thumbs are on the anterior, the other fingers on the posterior surface of the uterus. After having "evened the anteflexion,"

both hands compress the uterus during its contraction in the direction from before backwards. During the acme of the uterine contraction, the pressure must be the strongest, and at the same time the uterus is pushed downward and backward toward the sacrum. If the contraction subside without the placenta making its appearance, the relaxed uterus must never be compressed, but must be incited to new contraction, during which we proceed as during the first."

In the transaction of the Obstetrical Society, London, 1864, page 231, Dr. Hardy says:

"With hand behind fundus, press downward and slightly backward."

Runge (Berliner Klin. Wochenschrift, November, 1888), says in substance:

"Credé's method does not serve to separate the placenta, but merely to remove it after it is separated. His experience showed continuous tearing of the decidua, making the dressing forceps play an important rôle in confinement cases, also frequent retention of placental remnants in the shape of small cotyledones (Sawenlappen), causing subsequent hemorrhage and interfering with the involution of the uterus."

Runge was struck by the rough aspect of the forcibly expressed placenta as compared with those removed otherwise.

In Runge's criticism he simply does not approve of expression in any form, preferring the expectant method at present in vogue in most of the lying-in hospitals on the continent. Schultze, on the other hand, approves of the method if always performed by skilled hands, but otherwise considers it a very dangerous procedure. Neither of these writers criticize the method as being at fault, but condemn any interference with the tedious process of nature.

B. S. Schultze (Deutsche Med. Wochenschrift, 1880, page 688) in a criticism on Credé's and the Dublin methods, says:

First—The first act of Credé's method, consisting in the compression of the contracting uterus in order to increase the effect of the pain and to express the placenta, *if cleverly executed*, offers in my opinion, advantages in many cases and no disadvantages.

Second—The second act, i. e., the pressing downward of the uterus into the pelvis in order to force the placenta out of the vulva is, I think, even if very cleverly executed, not free from disadvantageous reflexes (Neben wirkungen). The uterus, after delivery of fœtus, is exceedingly movable, its entire connections have been loosened during pregnancy and greatly stretched, chiefly in upward direction. Should it be entirely indifferent whether we forcibly move the uterus downward immediately after delivery?

Its principal support, the fold of Douglas, is greatly stretched by the motion we exert upon the uterus in pressing the placenta out of the vagina. Even without this manipulation, parturition often causes parametritis posterior, leading subsequently to cicatricial chronic retraction and atony of the Douglas fold. The displacements (malpositions) of the uterus resulting from those processes date very frequently from a confinement. We have, therefore, every reason to spare the parametrium, exposed as it is to affections from labor, all unnecessary strain.

I have no experience regarding the effect of the second act of Credé's method, because for the reasons just stated, I have never practiced nor taught it. The suspicion forces itself upon me that it is this second act which causes the frequent violent separation of the decidua mentioned by Runge (Management of Afterbirth, Berliner Klin. Wochenschrift, 1880, No. 44), a large part of the decidua still adheres to the uterine walls, while the placenta is already in the vaginal fornix. The expulsion of the placenta by the instrumentality of the uturus easily brings about a rupture of the decidua, inasmuch as they are subjected to traction in the direction of the vaginal axis as soon as the uterus returns to its normal position at the discontinuance of the pressure, which forced the placenta into the vulva.

Hence, this second act is not only superfluous, but also injurious.

Apropos, tearing off decidua and parts of placenta in Credé method, Stadfeldt gives, in "Congress Periodique International," the following comparative statistical notes:

METHODS.	EXPECTIVE. (1,780 cases.)	CREDÉ. (1,611 cases.)	DUBLIN. (971 cases.)	EXPECTIVE. (198 cases.)
Tearing and retention of decidua, or placental tissue.	1.8%	2.3%	1.8%	3.5%
Puerperal morbidity	24.6%	18.3%	12.1%	11.6%
Puerperal mortality	1.9%	0.6%	0.7%	0.5%
Hemorrhage during placental removal	5.8%	2.2%	1.3%	3.0%
Hemorrhage during lying-in	0.8%	0.3%	0.3%	....

Stadefeldt does not consider retention of decidua of weight in regard to morbidity or mortality owing to adoption of aseptic procedures. He sums up: "*Ideally*, Credé's method offers the best prognosis, but in the hands of the unskillful it presents dangers." He recalls that his "experienced and skilled head nurse" even produced inversio uteri by it.

It is obvious, from the literature upon this subject, that the relation of the axis of the vagina to that of the uterus has been ignored. A few suggest obliterating the flexions in the uterine canal, but none seem to have recognized that the axis of the parturient uterus is nearly at right angles to that of the vagina (Fig. 2), a point which to the writer seems the cause of all the difficulties which they have encountered. It is not my intention to compare the merits of the different methods, but to suggest a modification applicable to all the methods of expression, which has proved most satisfactory to me in practice and is mechanically correct.

In some cases, especially in primiparae, the uterus contracts firmly around the contained placenta and membrances, remaining in this condition until the expulsion of the secundines, while in other cases the uterus rythmically contracts and relaxes each time, becoming more and more firm. While still in other cases the uterine muscles seem to have expended all their energy in the expulsion of the child, and we have a flaccid organ which will be accompanied by hemorrhage, if the thrombi in the uterine sinuses have not already formed. In practicing Credé's method of removing the placenta, no fixed time need be set, except that as

soon as relaxation of the uterine fibres has so far disappeared that the uterus remains under the hand as a firm body, then expression may take place at any moment. To accomplish this successfully and with the least discomfort to the patient, three things are

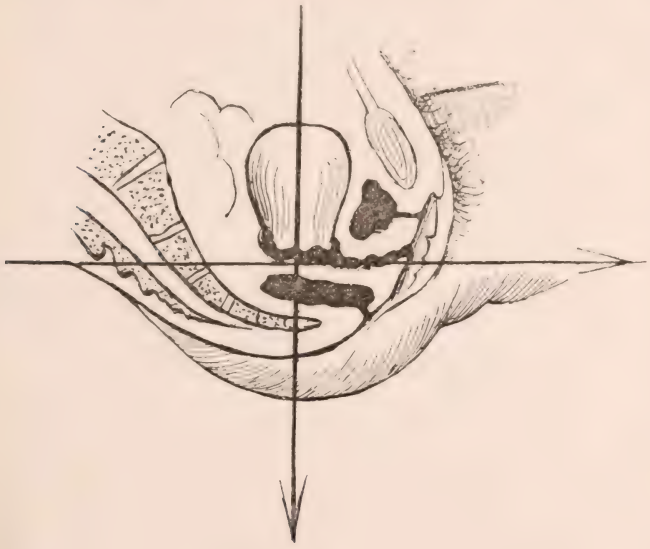


Fig. 2.

necessary: First, the patient must relax the abdominal walls as much as possible. Second, the uterus must be firmly contracted. And, Third, the axis of the uterine canal must be made to conform to the axis of the vagina. (Fig. 3.) If these three essentials be present and the placenta is not absolutely adherent to the uterine wall, the expulsion can be accomplished with two fingers and but little effort.

As in all obstetric operations, before proceeding the bladder should be emptied, especially in this manipulation, as a distended bladder forces the uterus upward and prevents the easy handling of the uterus. Then standing at the side of the patient, her knees being drawn up, with one hand grasp the fundus through the abdominal wall and ascertain the precise direction of the uterine canal. This being known, all that is necessary to bring the

axis of the uterus in line with that of the vagina is to gently press the fundus backward toward the promontory of the sacrum, thus throwing the cervical portion of the uterus forward and bringing the uterine axis in line with that of vagina. The obliteration of

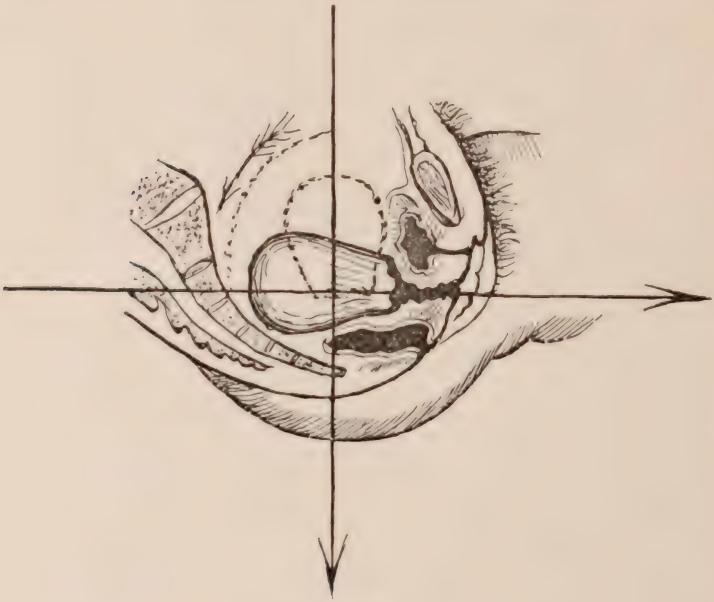


Fig 3

this angle reduces the resistance to the minimum, thus diminishing the force requisite to accomplish the expression. The next step is to direct the pressure upon the fundus in the direction of the vagina, care being taken that it be kept well back, in order that the angle may not recur. If this is properly carried out the placenta is received in the other hand at the vulva.

The advantages claimed for this method are the ease with which the expression can be accomplished, thus doing away with all strain upon the already overstretched uterine supports; the minimum of discomfort to the patient and the certainty of its success when the placenta is not actually adherent to the uterine wall.

TWO CASES OF SYMPHYSIOTOMY.

By J. CLIFTON EDGAR, M. D.

CASE I.—PRIMIPARA; PROLONGED LABOR; SIMPLE FLAT PELVIS; SYMPHYSIOTOMY; PODALIC VERSION AND EXTRACTION; LIVING CHILD; MOTHER AND CHILD MADE A GOOD RECOVERY.

S. G.; age, 24 years; primipara; Austrian; lives on second floor of tenement-house, 75 Ridge street; parents living and in good health; no history of diseases of childhood; family history negative.

Menstruated first at eighteenth year; since, periods have been regular every four weeks, of three or four days' duration, painful and scanty.

Patient first applied to the Hospital in the eight month of her pregnancy, her general condition prior to that time having been good.

Examination of Pregnancy.—Expression cheerful; erect attitude; abdomen globular; numerous striæ; umbilicus flat; slight œdema of lower extremities; no varicosities.

Abdominal fat moderate in amount; uterus pyriform and in median line; dorsal plane of fœtus to left, small parts to the right; head in lower part of uterus; fœtal movements not observed.

Vagina short and roomy; cervix in median line, small, slight softening present; no laceration, external os closed.

Fœtal heart sounds regular, 134 to the minute, to the left and below the umbilicus; uterine murmur to the right.

Urine, acid, 1022; no albumen; no sugar.

Patient was first seen by the writer, March 24, 1893. She had then been over forty-eight hours in labor; membranes had been ruptured artificially five hours before; cervix nearly fully dilated; presentation, vertex; position, left; sagittal suture transverse at the pelvic inlet, the head not being engaged; fœtal heart regular, to the left and below the umbilicus.

The patient's general condition was good; temperature normal, and pulse below one hundred.

The following measurements are recorded:

Circumference of pelvis.	38½ inches.	Trochanters.....	12¾ inches.
Ensiform from symphisis.	16 "	Height of symphisis pubis.....	2¾ "
Umbilicus.....	9 "	Diagonal conjugate (under ether).....	4 "
Spines.....	10 "	Estimated true conjugate.....	3¼ "
Crests.....	10¾ "		
External conjugate.....	8 "		
Right external oblique...	8¾ "		
Left external oblique....	8½ "		

What immediately impressed the examiner was the deep curve of the sacrum, the excessive length of the symphysis pubis (nearly three inches) and the sharp spinous-like projection of the sacral promontory, and thickness of the pelvic bones. The diagonal conjugate was measured repeatedly with the woman under the influence of ether, and has, since the operation, been verified.

An attempt was made, with the patient under ether to estimate the size of the child's head, and to cause the head if possible to engage in the inlet by combined supra-pubic pressure and internal manipulation. Forcible engagement by this means failed.

Axis-traction forceps were then applied, and moderately strong and prolonged traction made, which proved of no avail.

Meconium now appeared in the vagina. Version, in view of the estimated size of the fœtal head, the narrowing of the pelvic inlet, and time that had elapsed since rupture of the membranes and the presence of the meconium, was rejected as offering no hope of securing a living child, and because it would subject the mother to grave risks.

Symphysiotomy was immediately elected, and although the family, when the condition of affairs was explained to them, demanded destruction of the fœtus in the interests of the mother, yet the choice of operation was finally left to the writer, to be decided as above.

After the usual scrubbing, shaving and cleansing of the field of operation, as for a cœliotomy, the vagina was scrubbed and cleansed, the bladder emptied by catheter, and a male sound passed into the urethra and held to the left by an assistant.

With the woman in the dorsal posture, the upper portion of

the pubic joint was sought for with the left index finger, and an incision made from a point about half an inch above directed downward upon the joint, and extending somewhat to the left in the direction of the left labium majus to the extent of three inches.

The situation of the pubic symphysis—to the left of the median line of the body—corresponded in this case to the investigations reported by Wehle (Arbeiten aus der Koniglichen Frauenklinik in Dresden, von G. Leopold, I., Band, p. 343, Leipzig, 1893), of the Dresden Klinik, who found the joint to the left in forty out of sixty cases; in twelve to the right, and in only eight, exactly in the median line.

The recti muscles and the prevesical tissues being reached, they were separated with the finger, and the fœtel head was then found so tightly jammed against the pelvic brim that it was found necessary with two fingers of the right hand in the vagina to dislodge the head upward in order to permit of the left index being passed downward behind the joint. No Galbiati-Harris knife being at hand, section of the joint was made with an ordinary curved blunt bistoury passed on the left index finger as a guide. Section of the joint was made from above downward, and from behind, forward, the sub-pubic ligament being severed simultaneously with the cartilage. No difficulty was experienced, and but slight hemorrhage resulted.

The urethra was held to the left side during the section of joint by a male sound passed into the bladder, and the trochanters were supported by assistants.

Immediate separation of the joint to the extent of $1\frac{1}{4}$ inches (by actual measurement) was obtained. During the subsequent podalic version and extraction, further separation was observed but not measured. The wound being now temporarily closed by an abundance of iodoform gauze being placed over it, and the trochanters being still supported, podalic version and extraction were without any great difficulty performed.

The left hand was elected to seize the anterior foot, and the Wigand-A. Martin method for delivery of the after-coming head was made use of. Some difficulty was experienced in the extraction of the after-coming head.

The child was rather deeply asphyxiated, primary respirations were delayed several minutes, but were finally restored by artificial inflation of the lungs.

The placenta was expressed, and subsequently considerable uterine atony resulted in some loss of blood.

After thorough irrigation with boiled water, the wound was closed by deep silk sutures, two of which were made to include the fibrous tissue at the margins of the joint. No drainage was used. Care was taken to exclude the bladder and urethra from between the bones.

Several turns of rubber plaster bandage were then taken about the pelvis, and a tight binder pinned over this, which cloth was subsequently replaced by a stout canvas binder with straps.

The woman made an uneventful recovery.

The highest temperature and pulse markings recorded are 100.8° F. and 100 respectively.

The sutures were removed on the eighth day, when some gaping at the upper portion of the wound was observed which granuled over leaving a narrow sinus. The woman was first allowed to leave her bed on the thirtieth day, and at this time walked a few steps. Examination then showed some motion at the pubic joint, but apparently strong fibrous union.

Repeated subsequent examinations showed the motion to gradually diminish.

The use of the binder was discontinued after the fifth week, and the woman from that time was about and attended to her housework. At no time after leaving her bed, even when required to walk rapidly or jump from a low lounge to the floor, did she complain of the pain in the joint itself, although during the two weeks following the operation she apparently suffered some pain here.

An examination of the woman's pelvis made eleven weeks after the operation revealed firm union at the pubic symphysis, and the woman's general condition was better, if anything, than before the operation. Locomotion is in no way restricted.

The child, a male, seven pounds in weight, nineteen and a

half inches in length, was well developed and gave the following measurements:

Head diameters—Occipito-mental, 5½ inches; occipito-frontal, 4½ inches; sub-occipito-bregmatic, 3¾ inches; fronto-mental, 3½ inches; bi-parietal 3½ inches; bi-temporal, 3 inches.

Circumferences—Suboccipito-bregmatic, 13 inches; occipito-mental, 15 inches.

Body diameters—Bisacromial, 5 inches; dorso-sternal, 3½ inches; bistrochanteric, 3 inches; sacro-pubic, 2½ inches.

Circumferences—Bisacromial, 13½ inches; bistrochanteric, 12½ inches.

The prolonged labor without engagement of the presenting part produced considerable deformity of the head. Upon delivery a marked asymmetry was present between the two parietal bones, the left being flattened and its inner border being forced under its fellow.

This deformity was undoubtedly due to the jutting sacral promontory, and gradually disappeared, until by the time the child was two months old, little difference could be observed between the two sides of the head.

The woman nursed her child from the beginning, there being, however, a deficiency of milk, the mother's nursing was supplemented at first by a wet nurse, fortunately secured in the same tenement and subsequently by artificial feeding.

A sinus one inch in depth existed at the upper part of the incision for some time, and finally completely closed.

The foregoing operation was the sixth symphysiotomy in New York City, and the sixteenth in the United States.

Dr. Robert P. Harris, of Philadelphia, has kindly furnished the following table of the operations performed in this country up to June, 1893:

September, '92	1 operation.	April, '93	1 operation.
October, '92	3 operations.	May, '93	1 "
December, '92	3 "	June, '93	1 "
January, '93	2 "		
February, '93	3 "		
March, '93	7 "	Total	22 operations.

	No. of Cases.	Death of Mother.	Death of Child.	Child Still-born.
New York	6	1 [1]	1	..
Philadelphia	6	1 [2]	..	1
Brooklyn	2	..	1	..
Cincinnati	2	..	..	..
Baltimore	1	..	1	..
Boston	1	..	..	1
Paris, Ill.	1	..	..	..
Pittsburgh	1	..	..	..
Springfield, Ill.	1	1	..	1
Portland, Ore.	1	..	..	..
Total	22	3	3	3

19 women recovered; 16 children lived.

(1) Pulse 150 at operation; (2) Double pneumonia 72 hours; (3) Twelve days septic peritonitis.

Case II.—Primipara; first stage fourteen hours; flattened pelvis; accouchement forcé; symphysiotomy; direct podalic version and extraction; living child; perineorrhaphy; mother and child made good recovery.

As the Report goes to press the writer desires to add another successful case of symphysiotomy performed November 8, 1893, in the instance of a pelvis with a contracted inlet, the true conjugate measuring $3\frac{1}{4}$ inches.

The following is a brief résumé of the case:

Russian; age 19; para I.; first stage when seen by writer had continued fourteen hours; membranes intact; head not engaged; os admits two fingers; position L. O. A.; true conjugate measured repeatedly, the patient being under ether, $3\frac{1}{4}$ inches; accouchement forcé; symphysiotomy; high forceps given a trial and abandoned; internal direct podalic version; manual extraction; child male, $7\frac{1}{2}$ pounds; biparietal diameter, $3\frac{1}{2}$ inches; the

short incision closed with three deep silk sutures, two of which included fibrous tissue about pubic joint; no drainage; perineorrhaphy; rubber and plaster Paris bandages about pelvis to fix symphysis; sutures removed eighth day; good union; first stage, including accouchement forcé of twenty-five minutes, lasted 14 hours; second stage, including symphysiotomy and direct podalic version, lasted twenty-five minutes; third stage (Crédé expression) 10 minutes; pulse, completion of operation, 110.

A curved blunt-pointed bistoury was used to incise the joint. The cutting was performed from above downward, and from behind forward, the left index finger being used as a director to encircle the joint posteriorly and to protect bladder and urethra. The sub-pubic ligament was not incised. The urethra was, as usual, held to the left with a sound passed into the bladder.

Sharp, venous hemorrhage followed the incision of the cartilage, which was quickly and permanently controlled by iodoform gauze tamponade of the wound.

Separation of the bones to the extent of half an inch followed the incision, and subsequent further separation during the somewhat difficult extraction of the after-coming head took place, but was not measured.

On account of the contracted inlet, the projecting sacral promontory, the pressure of the plaster of Paris bandage over the lower hypogastric region and the prolonged dorsal position of the patient, imperfect retraction of the uterine body with retained lochia and defective drainage resulted in a rise of temperature to 104° F. upon the eighth day post-partum. A thorough cleansing of the uterine cavity and the introduction of iodoform gauze drainage within a few hours brought the temperature to the normal point, where it has since remained. The uterine and vaginal drainage was left undisturbed for eight days, and then removed.

This patient was kept quiet in bed for four weeks. During the last half of this time, however, she was permitted and encouraged to change her position in bed from the dorsal to the lateral, the plaster casing about the pelvis preventing any injurious motion in the pubic joint. During the third week she was allowed to sit up in bed.

Upon the thirtieth day post-partum all bandages were removed and the patient left her bed.

Some slight motion in the pubic joint could then be detected, but no pain was complained of by the patient upon walking.

She has nursed her baby throughout, and after the thirtieth day has attended to her housework, going up and down three flights of stairs daily, without any inconvenience, and considers herself in the best of health.

A careful examination of the joint made eight weeks after the operation in various positions of the woman, including walking across the room, and jumping from a chair to the floor, failed to detect any motion at the pubic joint, so that evidently firm fibrous union has resulted.

Two months after the operation both mother and child are in excellent condition.

This case, Dr. Robert P. Harris writes me, is the thirtieth performed in the United States during thirteen months and nine days. The last fifteen operations cost the lives of one woman and four children. There have been twenty-three operations, including the writer's second case just quoted, in 1893; eight of these were performed in the month of March alone.

The mortality for the entire thirty operations has been four women and eight children.

Mortality to mother in this country up to date, $13\frac{1}{3}\%$; to child, $26\frac{2}{3}\%$.

NOTE.

CASE III.—II. PARA; FIRST STAGE TEN HOURS; GENERALLY CONTRACTED PELVIS; SYMPHYSIOTOMY; DIRECT PODALIC VERSION AND EXTRACTION; LIVING CHILD; INTRA-UTERINE TAMPONADE FOR HEMORRHAGE.

Upon January 12, 1894, a third successful symphysiotomy was performed by the writer of the above in the case of a generally contracted pelvis.

A living child weighing nine pounds was secured.

Up to the date of going to press both mother and child have passed through an uneventful convalescence.

An account of the case will appear in a subsequent Report.

REPORT OF THE PATHOLOGIST.

FARQUHAR FERGUSON, M. D.

The following is a statement of my examination made on a body of a child born on the 29th of November, '91, and found dead on the 2d of December following. The mother's name, Augusta Falm.

The body is well nourished. Rigor mortis is not present. There is no œdema. There is everywhere post-mortem settling of blood over the back, posterior aspect of arms and shoulders, posterior surface of the neck and over almost the entire scalp, but to a less extent, however, over the posterior aspect of the thighs and legs. On entering into the thorax, the lungs are found moderately distended with air; quite dark in color; there is no fluid in either pleural cavity, and no adhesions. The pericardium appears normal, and the heart is normal in size. The cavities of the heart are normal and the arrangement and structure of the valves are normal. The pulmonary artery is normal in size and its branches are normally distributed in the lungs. The aorta at its origin occupies the physiological location; but at the junction of the ascending and transverse portions of the arch it divides into two branches of equal size. The larger, following a course parallel to the axis of the ascending section of the arch, soon divides into four branches (with a rudimentary innominate) which correspond, to the great vessels given off from the aortic arch. These vessels appear to be distributed without any further anomalies along their natural courses. The second branch of the aorta, curving slightly backward and to the left to follow down the physiological course of the thoracic and abdominal aorta, is at its origin, and that portion corresponding to the descending portion of the arch of the aorta two-tenths smaller than division of the artery already described. Below this bifurcation it gradually narrows down until its bifurcation into the iliac arteries, where it is about 3mm. in diameter. The thoracic and abdominal aorta

is about one-third the size of the aorta in this location in subjects of this age. The pulmonary artery in relation to the aorta is normal, and the ductus arteriosus is not pervious. There are extensive hemorrhages into the lungs, and also extensive hemorrhages into the meshes of the pia mater, with numerous punctate hemorrhages into the cortex in places. The other organs are hyperæmic, but there is no further evidence of any lesions.

REPORT ON THE VISCERA OF BABY THAT DIED SUDDENLY ON THE TENTH DAY AFTER BIRTH. (C. N. 2052.)

Cardiac Malformation—Anomalies of Aorta and Pulmonary Artery.

The examination of the heart shows a common auricle, without any evidence of a septum, and occupies the position of both auricles when normally formed. The auricular appendices are well formed and occupy the normal situation. Into the left side of this auricle the ascending cava of apparently normal size empties, while the descending cava empties its contents into the left side of the auricle directly above the orifice of the ascending cava. Into the left side of the auricle, also, the pulmonary veins empty by three separate orifices, which vary in size from 1 to 3 mm. in diameter. On the right side of the auricle, two pulmonary veins empty, each of which is 3mm. in diameter. This auricle communicates with the left ventricle by an orifice 2cm. in diameter, which is guarded by a valve irregularly arranged into three cusps, and closely resembling the tricuspid valve. From this valve to the apex of the heart, the ventricle is 3cm. in length. Its wall has a mean thickness of less than 1cm. Its capacity is about 10cc. The left ventricle communicates with the right ventricle by an orifice of 1½ cm. in diameter, which is partially protected by one of the cusps of the auriculo-ventricular valve of the left ventricle—the papillary muscle of which arises from the anterior wall of the right ventricle near the right border of the organ at a point 4cm. from the apex of the heart. The right ventricle is quite small, with a capacity of 3cc., and a mean thickness of its wall of less than ½cm., and arising from the upper

level of this ventricle in the location of the normal origin of the pulmonary artery is a vessel with thick walls, 2½ cm. in width when laid open, furnished with 3 well-formed cusps. At a point ½cm. above the valve arises the right pulmonary artery, and ½ cm. above that, the left pulmonary artery. Immediately above the left pulmonary artery the vessel is constricted, but continues as the thoracic aorta.

Arising directly behind the pulmonary artery is the aorta with its well-formed cusps, and arching slightly toward the left is 1½cm. in length, with walls much thinner than that of the pulmonary artery above it—and gives off the innominate and common carotid at close proximity to each other and communicates with the pulmonary at a point just beyond the constriction described, by an orifice ½cm. in diameter.

The lungs appear tough and leathery to the touch, poorly aerated and somewhat anæmic. The remaining organs appear to be normal, excepting the kidneys, which seem to have urate of soda in the pyramids.

Report on Heart and Lungs of a Child Dying Suddenly on the Sixth Day After Birth. There Were No Symptoms. (C. N. 2093.)

Persistent Ductus Arteriosus.

The heart and lungs were removed together and sent for examination, but none of the other organs were received.

The heart is small, its auricles separated by a well-defined partition which, however, is open at the site of the foramen ovale, over an area of about 3mm. in diameter. All the orifices of the heart are well guarded by valves. The inter-ventricular septum is complete. The ductus arteriosus is pervious, admitting a sound 2mm. in diameter. The arch of the aorta, which is contracted just at the location of the ductus arteriosus, gives off on the proximal side three well-developed arteries—the left subclavian, the left carotid and the innominate. At its origin the aorta appears to be contracted. The lungs are poorly aerated and congested.

REPORT OF EMBRYOLOGIST.

BY GEORGE S. HUNTINGTON.

The material received during the fifteen months ending April 1, 1893, comprises 69 specimens, distributed as follows:

Umbilical cord and placenta, twin and other abnormalities	10
Monsters	3
Embryos, ranging from 10mm. cervix-coccygeal to 4cm. vertex-coccygeal length	20
Embryos between 4cm. vertex-coccygeal length and term	17
Fœtus at term	19
Total	69

In addition to the above a considerable amount of material has been received, consisting of embryos and other specimens, which were collected during the first two years of the Hospital, and which are for the most part preserved in alcohol. It is intended to utilize this material for the completion of a study collection for the use of the Hospital. A considerable portion of the same has already been prepared and is ready for mounting.

STUDIES IN THE DEVELOPMENT OF THE ALIMENTARY CANAL.

I. Cæcum and Vermiform Appendix.

BY GEORGE S. HUNTINGTON.

The embryological material utilized in the following investigation, comprising a series of 140 embryos, ranging from 11mm. cervico-coccygeal measure to the fœtus at term, has been prepared with a view to the preservation of the unaltered relative position of the more movable abdominal viscera.

For this purpose the smaller fresh embryos, as soon as received, have been placed in a concentrated solution of mercuric bichloride, measuring not less than twenty times the volume of the specimen. In this solution the embryo has remained from 36 to 48 hours, with two or three changings of the fluid. This was followed by graded hardening and final preservation in alcohol from 60% to 95%. By this procedure all unequal shrinkage and distortion of the parts has been avoided, and the more movable viscera have been fixed unchanged in their original position.

Larger embryos have, when practicable, received in addition an injection through the umbilical vein of the saturated solution of mercuric bichloride, at a hydrostatic pressure varying from 6 to 18 inches.

The attention which has of late years been given to the anatomical arrangement of the cæcum and vermiform appendix, on account of the surgical importance of the region, has disclosed a considerable range of variation in the disposition of these parts. Aside from the varying ultimate relations of the peritoneum to the caput coli, it is more especially the position, shape and relations of the vermiform appendix which deserve attention, for it is apparent that these conditions have a most important influence on the development of the surgical affections of the appendix, and

upon their further course when once the pathological condition is established.

In considering, in the following pages, the factors which determine the varieties in position, size and shape of the appendix, we recognize, in the first place, that the evident rudimentary character of the structure is responsible for much of the variation observed. As a portion of the general cæcal pouch which has remained in an early developmental stage, and which we can properly regard as being destined for further reduction and ultimate elimination, the appendix presents much of the indefinite character in regard to anatomical arrangement which belongs to such structures. The uncertain type of development due to this element, expresses itself, as Treves[1] has shown, in the variety of forms presented by the adult cæcum.

In looking for an explanation of the more usual forms presented by the appendix in its disposition and relations, the study of the development of this portion of the alimentary tract gives the most decisive information.

In noting the derivation of the structure, the budding of the cæcal pouch from the alimentary canal, the changes in position assumed by this portion of the intestinal tract, and its varying relation to surrounding structures, and finally the immediate and subsequent disposition of the serosa, are all elements of great importance.

The explanation of the ultimate adult arrangement of the cæcum and appendix involves—

(*a*) A consideration of the causes, developmental and other, leading to the space disposition of the structures.

(*b*) A consideration of the influences which serous folds, vascular and non-vascular, mesenteric and accessory, exercise on the shape and position of the tube, particularly in regard to conditions which present points of pathological interest.

At the period when the extra-abdominal intestinal loop has begun to protrude into the umbilical cord, the first indication of the cæcal pouch appears a short distance from the point of reentrance of the ascending limb of the umbilical hernia, in form

1. F. Treves, Anatomy of the Intestinal Canal and Peritoneum in Man: Hunterian Lectures, London, 1885, p. 34.

of a somewhat sickle-shaped process, budding from the left, and somewhat from the posterior aspect of the main tube, turning its concavity toward the latter. In the majority of instances examined the small outgrowth is packed closely between the incipient ileal convolutions, lying under cover of the more prominent bulging coils of the umbilical protrusion, between them and a single coil of larger arc situated posteriorly and belonging to the jejunal or proximal portion of the small intestine. This type disposition is seen in Fig. I, taken from an embryo of 11mm. cervico-coccygeal measure. The arrangement, which we can assume as the type at this stage of the development, and which determines in part the subsequent and final position of the structures concerned, is presented by this relation of the cæcal bud to the surrounding incipient convolutions of the small intestinal tube, with the larger proportion of these coils situated anteriorly to the cæcum, and only a single coil of larger curve placed behind, the cæcal pouch between these two, with its own concavity turned toward the right and embracing the parent tube.

A glance at a somewhat later stage will explain the significance of the above usual arrangement. In Figs. II and III the abdominal cavity of an embryo of 4.9cm. vertex-coccygeal measure is shown, with the liver partly removed. The rotation of the intestinal tube has taken place, carrying the beginning of the colon (Fig III, A), with the appendix curved on itself and turning its concavity to the left, into the subhepatic position, above and somewhat behind the prominent anterior bunch of ileal convolutions (Fig III, C, D). This position is the direct result of the rotation of the intestinal tube from the position which it occupies in Embryo I, where the cæcal bud rests between larger anterior and smaller posterior divisions of coils, with its concavity turned to the right and its own origin placed at the left, or lower and posterior, side of the ascending gut-limb. In respect to the disposition of the ileal folds the arrangement shown in Figs. II and III indicates the further development of this portion of the intestinal tract. The most anterior and prominent bunch of convolutions, contained in Embryo I in the umbilical protrusion, and lying there in front of the cæcal pouch, occupies after the turn of the large intestine an inferior

as well as anterior position in respect to the termination of the cæcal sac. This collection of convolutions, which we can distinguish as the anterior division of the ileal coils, develops into a prominent mass, of which five coils can be seen in Figure II. In their natural position they lie below and in front of the cæcal pouch and appendix.

The single coil of larger arc and more proximal derivation, which in Embryo I occupied a position posterior to the cæcum, develops into a series of convolutions, which lie behind and for the most part to the left of the terminal cæcal pouch. One of these coils, which go to make up what we can term the posterior division, and the only one which appears to the right as well as behind the cæcum, is seen in Fig. II above and to the left of E, between this letter and the colon. The remaining coils of this posterior division (Fig. II below B and crossed by line A) lie below and behind the colon.

In Fig. V, taken from an embryo 4.4cm. vertex-coccygeal measure, the stage just preceding the above described condition is shown. Here the rotation of the cæcal extremity of the colon into the right hepatic position has not yet quite been accomplished. The cæcum and appendix still present the concavity of their curve to the left, as in the original condition. The more fully developed anterior and posterior divisions (B and D) are turned slightly apart to exhibit the cæcum between them, as well as the connecting convolutions (C). This stage we may regard as one just preceding the condition seen in Figs. II and III, where the cæcum already occupies the position below the liver and to the right of the median line, and where the posterior ileal coils are beginning to turn from behind the cæcum forward and to the left. In Fig. IV, taken from an embryo 6.7cm. vertex-coccygeal length, the further course of development followed in the majority of instances is exhibited.

The convolutions of the small intestines have increased in size and number. The posterior coil division has further shifted its position to the left and in front of the beginning of the colic tube. Only a single coil (B) remains behind the cæcum and appendix, between it and the surface of the right kidney, and this coil is in the process of withdrawal from the posterior position, as indicated by

the superficial and short course of coil F, connecting it with the large anterior division. As soon as this withdrawal is accomplished the entire mass of small intestine convolutions will be placed below, in front or to the left of the cæcum and appendix, which will then rest directly against the posterior parietal peritoneum covering the anterior surface of the right kidney.

Fig. VI, taken from an embryo of 6.6cm. vertex-coccygeal measure, exhibits the succeeding stage of development.

Here the cæcum with appendix is placed in the sub-hepatic position, well to the right of the median line, and in the back part of the abdominal cavity. The post-cæcal coil B of embryo IV has left its posterior position, descending down and to the left, thus freeing the posterior aspect of the cæcum and permitting the direct apposition of the same to the anterior facies of the right kidney.

The hepatic fold of the colon, ill defined in shape in Embryo IV (side figure A), has developed the sharp bend of the tube (Fig. VI, behind 2). The further descent of the cæcal extremity of the colon into the iliac position is accompanied by a rotation of the appendix, which carries its base downward and erects its free extremity, at the same time carrying this extremity backward and to the left and bringing the entire structure ultimately vertically behind the cæcum and beginning of ascending colon, and under cover of the terminal ileal folds at the ileo-colic junction. This appears in the majority of instances to be the regular course of development, and accounts for the frequency of the position which the appendix is found to occupy after birth and during the subsequent life of the individual, viz., turning upward and somewhat to the left, behind the cæcum and ileo-colic junction. Treves,* from the examination of the parts in 100 subjects, finds the appendix to lie in the majority of cases behind the end of ileum and its mesentery, and pointing in the direction of the spleen.

The only other position which he finds at all common, is one in which the appendix ascends vertically behind the cæcum. Our own observations in this country lead substantially to the same results.

* Loc. cit., p. 43.

Bryant* has recently offered statistical results based on observations of the direction and position of the appendix made in 144 cases. In 89 of these cases the appendix presented a more or less well-defined, upward direction, combined with a turn to the inner, or less frequently the outer side. In the remaining 55 the direction was downward, and in the majority of instances also inward.

On the other hand, observations made by the Russian Turner in 105 cases indicate that in individuals of the Tartar race the appendix is more frequently pendent and directed downward. It is quite possible, as we shall see, to account for this difference between two races on embryological grounds, for we will find that the two main types of development correspond in their end results to the conditions presented respectively by the Anglican and Russian series above referred to, and the assumption lies at hand that in one case heredity leads to the development and persistence of the first, in the other to that of the second type.

The preponderance of this posterior position of the appendix and of the turning back of the cæcum at its extremity, which English and American observations have disclosed, can, I believe, be properly ascribed to the course of development usually followed, in which the cæcal extremity of the colon and the appendix reach, at a comparatively early date, a position in contact with the posterior abdominal parietes, and more especially with the anterior surface of the right kidney.

This position, attained by the displacement downward and to the left of the ileal coils, which were originally situated behind the cæcum, forms the first of a series of stages through which this segment of the large intestine passes to the development of the adult condition. Whether the further change in position of the colon to produce the ascending position of the tube is regarded as an actual descent over the surface of the right kidney, which seems more probable, or as a growing away from the iliac region of the remainder of the abdominal cavity wall, and a relative reduction in the size of the liver, producing a relatively lower

* Joseph D. Bryant : "The Gross Anatomy of the Vermiform Appendix ; Annals of Surgery," Vol. XVII., No. 2, February, 1893, p. 175.

position of the cæcum, or as a combination of these processes, in either case, it is during this period that the process of obliteration between parietal peritoneum and colic mesentery normally begins, and connective tissue develops between the opposed serous surfaces, leading to the usual fixation of the ascending colon and the absence of an ascending meso-colon. These changes depend, of course, on the free apposition of the colic tube and its mesentery to the right posterior abdominal wall, and any condition which will prevent or delay this apposition will, of course, likewise perpetuate or prolong the original fœtal condition of the tube with a free colic mesentery and no adhesion to the parietal peritoneum.

Such an element can be found in the persistence of what we have termed the posterior coil-division in the original post-cæcal position beyond the usual time. If the turn downward and to the left of these coils for any reason does not occur at the usual time, the cæcal extremity of the colon will make its descent from the sub-hepatic to the iliac position without coming in direct contact with the posterior abdominal parietes, and therefore without the usual peritoneal adhesion and obliteration. The cæcum will pass down in a straight manner, the appendix occupying the lower and pendent position, causing it finally to be directed downward, or over the brim of the pelvis. On the other hand, the more usual course of development, with early apposition of the colon to the anterior surface of the right kidney, carries with it the early obliteration of the opposed serous surfaces, *i.e.*, an adhesion of colic and cæcal tubes to the posterior parietal peritoneum overlying the anterior surface of the right kidney. As the descent continues, this adhesion will of necessity act as a drag on the posterior surfaces of the colon and cæcum. They will tend to move downward toward the iliac fossa more slowly than the free lateral and anterior walls, and the appendix, carried in the rotation downward behind the cæcum, will tend to preserve the vertical position which this impeded descent imparts to it.

This typical erect position of the appendix is illustrated in Fig. XV taken from a preparation of an infantile cæcum. Here the appendix passes in a straight manner nearly vertically upward behind the cæcum and ascending colon.

The right sacculation of the cæcum, in a manner to be presently referred to, has assumed the position of the original apex of the cæcal pouch, and the appendix origin appears displaced backward and upward upon the posterior aspect of the lower cæcal segment.

Fig. VII exhibits the conditions occurring in the more exceptional instances of increased development at the original site of the posterior coil division (*C*). In this embryo, measuring 6.5cm. in vertex-coccygeal length, the development has progressed sufficiently to establish a distinct transverse colon and the subhepatic position of the cæcum and appendix. But instead of being in contact with the posterior abdominal parietes (as in Embryo VI) and lying in relation with the anterior surface of the right kidney, the increasing size of the posterior coil division keeps the cæcum, already in the process of descent, in contact with the anterior abdominal wall. When the final turn of the posterior coil division downward and to the left takes place, placing the ileo-colic junction (*C*) to the left of the large intestine, the cæcum and ascending colon are not yet anchored in their posterior position, the appendix presents downward and to the left, and the conditions for the establishment of the permanent pendent position of the appendix, hanging downward and inward over the brim of the pelvis, are present.

In contrast with the preceding is the condition exhibited in Fig. VIII, from an embryo 5.9cm. vertex-coccygeal measure. The transverse colon is already in its oblique position, passing from above and to the left downward and to the right. The cæcum and appendix are in contact with the anterior surface of the right kidney. The escape of the posterior coil division from the post-cæcal position and its rotation downward and to the left is completed.

The appendix is ∽-shaped, and in the position which it would have occupied in Embryo VII, if the posterior coils had not prevented the apposition of cæcum and appendix to the kidney surface.

In Fig. IX the conditions in an embryo of older development, 10.7cm. vertex-coccygeal measure, are shown. The arrangement of the parts in this specimen indicates a type not infrequently met

with, and representing a form somewhat intermediate between the two types above described. This arrangement depends upon a delayed adhesion of the cæcum to the posterior abdominal wall. Here the cæcum and appendix have apparently descended freely until the final position in the right iliac fossa has been nearly attained. Consequently the tip of the appendix appears free and turned downward. Adhesion and anchoring of the colon taking place just before the final iliac position is reached, the further development of the cæcal pouch to form the adult caput coli occurs by the unequal development of the anterior and lateral wall as compared with the fixed and adherent posterior wall, the former being distended and pushed downward, causing an apparent recession upward and to the left of the appendix origin, up to or behind the ileo-colic junction and the terminal ileal coil entering the large intestine at this point.

This condition presents an intermediate stage between the completely free pendent appendix, the result of unimpeded cæcal descent, and the post-cæcal erect form, arising from the early colic adhesion to the posterior abdominal wall. This, as already stated, may be accounted for by the late occurrence of the usual colic anchoring, leaving the tip of the cæcal appendix free, but bringing its proximal portion into the position usually occupied in the retro-cæcal erected forms. Fig. X is taken from an embryo of 7.6cm. vertex-coccygeal length. Here the early recession of the post-cæcal coils permits an early apposition and adherence of the colic tube and mesentery to the peritoneum covering the anterior surface of the right kidney. The subsequent depression of the cæcum into the iliac position is accompanied by a bend in the colic tube with strongly marked convexity directed downward, the apex of the bend, *i.e.*, the lowest position attained by the colic tube during the descent, being at or near the level of the ileo-colic junction. The gradual gliding down of the cæcum proper brings about an equally gradual diminution in this bend, but at the same time it leaves the apex of the cæcum turned backward, and the appendix in a more or less vertical position behind the cæcum and ascending colon.

This effect on the final configuration of the lower colon and

cæcum is again exemplified in Fig. XI, taken from an embryo of 18.4cm. vertex-coccygeal measure. Here the backward curve of the terminal cæcum with the appendix closely coiled up, turning its concavity downward and to the left, immediately behind the cæcum and well to the right of the ileo-colic junction, is characteristic of the more gradual descent of the cæcum and appendix over the surface of the right kidney, compared with the rapid downward growth of the beginning of the colon and the ileo-colic junction, the most prominent presenting portion of the colon being opposite the ileo-colic junction, and corresponding to the original downward bend of the colic tube.

In Embryo XII, measuring 10.6cm. vertex-coccygeal length, the colon presents a well-developed transverse, descending and sigmoid portion, the ascending colon being still somewhat oblique. The appendix is situated behind the cæcum, curved on itself, with the concavity directed downward. In the upper side figure the appendix (1) is exposed by lifting up the cæcum and ileo-colon.

In the lower side figure the appendix is turned to the left, putting its mesentery (1) on the stretch.

In this preparation the gradual descent of the colon and cæcum over the peritoneum of the right abdominal background, due to the early escape of the posterior coil division, has produced a marked turning back on itself of the lower cæcum and vermiform appendix, leaving the latter with its proximal portion turned nearly vertically upward, behind what is ultimately to become the caput coli.

The variations in the shape of the adult cæcum, more especially the occurrence of what Treves has described as the four types of cæca, find a ready explanation in these early stages of the development of the structures. The more exceptional occurrence of Treves' "fœtal type," with a funnel-shaped terminal cæcum from which the appendix arises, can be led back to the unimpeded direct descent of colic tube and cæcum without adhesion during this period to the peritoneum overlying the right kidney. The more common forms of unequal dilatation of portions of the cæcal pouch to form the adult caput coli all find

their beginning in the attachment of the posterior colic wall to kidney surface, bending the terminal portion of the tube backward and rendering the lowest point of the bend the part most exposed to pressure effects and dilatation through distention by the contents of the cæcal pouch. We will see later, in considering the influence of the serous folds on the configuration of the parts, that certain additional elements favor the subsequent enlargement of that portion of the terminal cæcal pouch which is placed to the right of the anterior longitudinal muscular band and of the root of the appendix. Confirmation of the foregoing statements is afforded by a glance at the preparations shown in Figs. X, XI and XII, which exhibit the more usual forms, produced by the comparatively early colic adhesion. The effect of delayed adhesion on the formation of the cæcum is observed in the following preparations.

Fig. XIII, taken from a fœtus at term, presents the condition observed in cases of direct vertical descent of the free colic tube with cæcum and appendix pointing downward. Remaining in this position until lodgment of the cæcum in the right iliac fossa is obtained, the subsequent enlargement and dilatation of the right half of the cæcal pouch, *i. e.*, the part to the right of the appendix root, causes the appendix to move (relatively) somewhat upward and to the left, so that its origin from the cæcum comes to be placed in close proximity to the ileo-colic junction. In the more usually observed type, with the appendix directed more or less vertically upward behind the cæcum, this same process of unequal growth and dilatation of a portion of the cæcal pouch leads to the frequently observed position of the appendix, behind ileo-colic junction and ileo-colic mesentery. But in the present instance the type of the earlier stages, characterized by free cæcal and colic descent, declares itself in the permanently free character of the distal portion of the appendix. The subsequent alterations in the cæcal pouch, to form the adult caput coli, produce a relative displacement upward and to the left of the *root* of the appendix, and bring the same close to the ileo-colic junction. This process leads to a nearly complete covering in and hiding of the appendix in cases where the structure was from the beginning erected vertically behind

cæcum and beginning of colon. In the present instance, where the free tip of the appendix rests in contact with the right ovary, the arrangement of the parts suggests that a *portion* at any rate of the curve of the appendix and the nicking of the tube at the bend are due to this subsequent and relative displacement upward and to the left of the appendicular root, which was originally situated at the most pendent portion of cæcum.

Fig. XIV, taken from a fœtus of 20.4cm. vertex-coccygeal measure, the same conditions are presented as in XIII, only better marked in their significance, because in an earlier stage of development and less masked by subsequent changes in the cæcal pouch. The cæcum here is still completely funnel shaped, the beginning of the funnel pointing directly downward and indicating an unimpeded colic descent over the posterior parietal peritoneum. At the level of the ileo-colic junction the narrowing funnel turns sharply to the left, carrying, of course, the appendix in the same direction and bringing it behind the ileo-colic junction and the terminal ileal coil. The appendix then turns down and to the right, terminating in a final coil to the left.

The mesentery of the appendix by this second and third turn is carried over and in front of the appendix origin from the apex of the cæcal funnel, and the tip of the appendix again lies in front of the gradually narrowing termination of its own mesentery.

A comparison with Fig. XIII shows that the condition here present forms an earlier stage of the type presented in that preparation. The portion of the cæcal funnel to the right and below the ileo-colic junction is to become by distention and dilatation the future lowest portion of the cæcal pouch, and it is at the first bend of the tube to the left that the greatest pressure effects from contents will be experienced. With the anchoring of the parts in this position by adhesion, and with the further growth downward of this portion of the colic tube, and the displacement (relative) upward and to the left of the root of the appendix, and its approximation to the ileo-colie junction, the type as presented in Fig. XIII, with a hidden proximal and free distal portion of the appendix, will result.

Passing to the consideration of the effect which vascular me-

senteric and non-vascular serous folds exert in producing further changes in the shape, position and relations of the appendix, it is necessary to recognize that in the great majority of cases the adult cæcum and appendix present conditions which appear puzzling and uncertain when regarded by themselves, and also that in the early stages of development the folds and reduplications in question are not sufficiently developed or strongly enough constructed to exert, at that time, the influence on the configuration of the parts which they are destined to obtain eventually.

The observer will find, therefore, in examining the anatomical arrangement of a great number of cæca and appendices that the general type produced by the developmental causes referred to in the first part of this paper appears in each individual case and can be made out without difficulty. But it will also become apparent that this type arrangement of the parts is modified, and their final disposition greatly influenced by the development of bands and folds of the serous investing membrane, mesenteric, *i.e.*, vascular in character, or simple non-vascular reduplications of the peritoneum, which appear but slightly developed in the early stages, but which gain their importance and influence by the further growth and final development of this portion of the alimentary tube. In seeking to explain the derivation, significance and typical arrangement of these folds, the comparative study of the corresponding parts in other vertebrates, and especially in certain mammalia, becomes of the utmost value. In no case, perhaps, is the truth of the statement that the key to human anatomy is afforded by the comparative study of lower vertebrates more strikingly apparent than in the attempt to satisfactorily trace and derive these, from a pathological point of view, exceedingly important accessions to cæcum and appendix. This becomes all the more evident when we consider that in studying these structures in the human appendix we are following lines which are already becoming indistinct on account of the rudimentary character of the organ, which we must regard as undergoing the exceedingly slow process of reduction, with a view to its ultimate elimination from the body. So great is the structural uncertainty impressed on the entire appendix by this evolutionary element, that the wide range of variation in size and arrangement presented by the

structure itself is, of course, repeated in even a more marked degree, in what we may term the accessory structures of the mesenteric and other serous folds.

If we begin with a general view of the arrangement of the cæcal pouch in many animals, we recognize that the cæcum presented by a large number of forms corresponds and is equivalent to the entire cæcum, plus appendix, of the human subject and the higher anthropoid apes; that, in other words, the vermiform appendix is the distal portion of a blind pouch, derived from the alimentary canal, and originally of uniform calibre, which has remained in an exceedingly early rudimentary condition, while its proximal portion, *i. e.* the part nearest the ileo-colic junction, has progressed evenly with the general development of the alimentary tract, and is prone, from mechanical reasons, pressure of contents, pendent position, etc., to develop even more marked increase in size than the remainder of the large intestine, to which from similarity of structure it morphologically belongs.

In the wide range of diverse forms presented by the cæca of the lower animals this tendency to retain the distal portion of the pouch in a rudimentary condition as compared with the remainder is seen in many instances, and leads for example to the characteristic pointed cæcum of the Felidæ and some allied carnivora. The cæcum of one of the lower forms regarded in this light presents some well-marked features of interest in relation to the mesenteric folds presently to be considered in detail.

In Fig. XVI the cæcum of Ateles ater, the black-handed Spider Monkey, is shown in the ventral view, with the terminal portion of the ileum lifted up, to expose the arrangement of the folds passing between the ileum and cæcum. The cæcum itself presents a uniform curve, with the concavity turned to the left, and the gradual increase in the calibre from the apex to the junction with the colon and ileum denotes the beginning tendency of the distal portion of the cæcal pouch to remain in a rudimentary condition of development, foreshadowing the eventual formation of a vermiform appendix. The peritoneal folds which characterize themselves as mesenteric, carrying the blood supply to the cæcum, are two in number, a ventral (Fig. XVI, 1) and a dorsal (Fig. XVI,

3). They are of nearly equal size and extent, passing almost to the apex of the cæcum, and each contains a branch of one of the divisions of the ileo-colic artery, which forks in the ileo-colic mesentery at the angle between ileum and large intestine, one branch continuing downward in front of the ileo-colic junction and passing to supply the ventral part of the cæcum in the ventral mesenteric fold (Fig. XVI, 1), the other descending behind the ileo-colic junction and pursuing a similar course in the dorsal mesenteric cæcal fold. (Fig. XVI, 3.)

Between these two vascular mesenteric folds a non-vascular peritoneal reduplication (Fig. XVI, 2) passes between the inferior surface of the ileum and the left or concave aspect of the cæcum. This non-vascular fold begins on the ileum 2.7cm. from the ileo-colic junction, and passes for exactly the same distance down on the concave left surface of the cæcum. It is placed *nearer to the dorsal than the ventral vascular fold*, so that, if the distance between these folds be divided into three parts, the non-vascular reduplication passes at the junction of the dorsal with the ventral two-thirds. It will also be noticed that the dorsal vascular fold carries a somewhat larger vessel than the ventral, and that its distribution extends a little further down to the actual apex of the cæcum. The facts enumerated above will be found to have a most important bearing in offering an explanation of the conditions presented by the corresponding parts in the human subject.

Before proceeding, however, to the consideration of these it will be desirable to note a change from the above detailed arrangement presented by the cæcum of a New World monkey closely related to Ateles, and by that of a cynomorphous monkey, both illustrating important modifications of the Ateles type which we will find reproduced in the human cæcum.

The first of these, represented in the ventral and dorsal aspects in Figs. XVI*a* and XVI*b*, is the cæcum of Mycetes fuscus, ♀, the Brown Howler monkey of Brazil. Here the ventral or anterior vascular fold (Fig. XVI*a*, 1) is still well developed. The ventral cæcal vessel, completely included in the serous fold, descends over the anterior aspect of the ileo-colic junction and the anterior wall of the cæcum supplying both. When we turn to the

posterior or dorsal vascular fold (Fig. XVI*b*, 2), however, we find it nearly completely fused with the non-vascular intermediate fold (Fig. XVI, *a* and *b*, 3), the approximation between these structures exhibited by Ateles having in the present form reached the point of actual union, so that the larger dorsal cæcal artery (Fig. XVI*b*, 2) descends to the apex of the cæcum in the following manner: The main post-cæcal artery divides into two branches, whose common trunk is included in a short serous fold, corresponding in extent to the dorsal surface of the ileo-colic junction, which represents the remnant of the dorsal vascular fold of Ateles. Beyond the lower border of the ileo colic junction this fold is lost by becoming merged into the non-vascular intermediate fold (Figs. XVI*a* and XVI*b*, 3), one arterial twig descending along the line of attachment of this fold to the cæcum, the other spreading out over the posterior or dorsal surface of the cæcal pouch. Fig. XVII represents the ventral and left aspect of the cæcum of Cercopithecus sabæus, ♀, the African Green monkey, with the terminal ileum turned upward. The cæcum here is comparatively short, somewhat conical, terminating in a blunt apex. The vascular supply is arranged on the same type as in Ateles and Mycetes, *i. e.* a branch of the ileo-colic artery divides at the ileo colic notch, one branch passing in front, the other behind the ileo-colic junction. The slight disparity in size in favor of the dorsal branch, noted in Ateles and Mycetes, has increased in Cercopithecus, until the ventral artery (Fig. XVII, 1) supplies merely the front of the ileo-colic junction and the upper part of the adjoining ventral wall of the cæcum, while the dorsal and larger vessel (Fig. XVII, 2) descends behind the ileo-colic junction, supplying the same and the entire dorsal and apical portions of the cæcum. Different from Ateles is further the relation of these two cæcal arteries to the peritoneum. In place of the mesenteric folds present in the former species, the vessels in Cercopithecus run close to the surface of the cæcum, merely covered and surrounded by slightly redundant peritoneum, containing numerous epiploic fat collections, which bead the course of the vessels at regular intervals. Between these two arteries the intermediate non-vascular fold (Fig. XVII, 2) is seen, presenting much the same arrangement

as in Ateles and passing from the inferior surface of the ileum to the left side of the cæcum, being placed much nearer to the dorsal larger than the ventral smaller cæcal artery.

We have, therefore, in the three types just considered, the following variations in the arrangement of the vascular and non-vascular folds:

1. *a.* Ventral and dorsal vascular folds distinct. Ventral and dorsal cæcal arteries of nearly equal size. *b.* Intermediate non-vascular fold free on both surfaces, placed nearer to the dorsal than the ventral vascular fold.	Ateles.
2. *a.* Ventral vascular fold distinct. Ventral cæcal artery somewhat further reduced in size. Dorsal vascular fold merged with intermediate non-vascular fold. Dorsal cæcal artery large. *b.* Intermediate non-vascular fold free only on the ventral surface, the dorsal surface being fused with the dorsal vascular fold.	Mycetes.
3. *a.* Dorsal and ventral vascular folds reduced. Dorsal cæcal artery much larger than the ventral. *b.* Intermediate non-vascular fold well developed, free on both surfaces.	Cercopithecus.

We may judge from this series that three factors are capable of materially modifying the definite arrangement of the structures.

1. The vascular folds are capable of reduction until the vessels run close to the intestinal surface, merely covered by somewhat redundant peritoneum with epiploic appendages (Cercopithecus).

2. The dorsal cæcal artery tends to assume in all three forms the greater part of the cæcal vascular supply. This tendency is slightly marked in Ateles, becomes more so in Mycetes, and is

strikingly apparent in Cercopithecus, where the dorsal vessel nearly replaces the ventral branch, the latter being confined to the anterior aspect of the ileo-colic junction and the adjoining parts of the anterior or ventral cæcal wall.

3. The non-vascular intermediate fold is placed nearer to the dorsal larger than the ventral smaller cæcal vessel. This condition, present in both Ateles and Cercopithecus, foreshadows the fusion of the two folds which occurs in Mycetes. We will find the combination of these factors above mentioned of important significance in affording an explanation of the human cæcal and appendicular structures.

It is to be noted in addition—and the fact may be held to have a causative relation to some of the above detailed facts—that in Cercopithecus the dorsal aspect of the ascending colon is adherent to the parietal peritoneum down to the iliac region and the beginning of the cæcum, whereas in Ateles and Mycetes the entire cæcum as well as ascending colon appear free and non-adherent to the posterior abdominal parietes. The influence of this adhesion on the arrangement of the vascular supply of the lower portion of the ascending colon and cæcum may be an important one. We will see that some of the departures from the Ateles type presented by Cercopithecus become still more accentuated in the human subject, where the adhesion of the ascending colon and the obliteration of the opposed serous surfaces of parietal peritoneum and ascending meso-colon normally reach their fullest development, even in cases where the cæcum remains entirely non-adherent, or in the frequent form where the upper portion of cæcal pouch alone develops adhesion to the iliac parietal peritoneum. Compared with forms presenting non-adherent colic and cæcal tubes, the results seem to point to an effect produced by this adhesion on the relative size and arrangement of the ileo-colic vessels If in the partially adherent colon and cæcum of Cercopithecus, as compared with the free tube of Ateles and Mycetes, we find a pronounced reduction of the ventral and corresponding enlargement of the dorsal cæcal artery, and if, in addition, we note that the mesenteric folds including them are reduced to epiploic appendages, we will observe a further progress in the same direction in the human subject, where normally ascending

colon, and frequently a portion of the cæcum, is adherent to the posterior parietal peritoneum.

The facts would seem to point to the conclusion that in the adhesion of the colic tube to the parietal peritoneum the posterior ileo-colic branches find an element favorable to their more complete development and extension, replacing in part or entirely the anterior artery, which ceases its function below the level of the ileo-colic junction. It is possible that the adhesion and consequent fixation of the posterior colic wall may afford this advantage to the posterior vessel, whereas the greater mobility, and the alternating conditions of distention and contraction, with variations of intra-cæcal pressure from contents, may operate unfavorably upon the development of the anterior vessel.

In any event, if we compare the conditions above described for Ateles, Mycetes and Cercopithecus with those usually found in the human subject, we may obtain the best appreciation of the significance of the different structures by beginning the investigation with a type in which the derivation of the different parts is still quite evident. Such a condition is presented by the preparation shown in Fig. XVIII, representing the cæcum of a child one year old. Here the descent of the cæcum has evidently been rapid and uniform, without posterior adhesion. The cæcum and ascending colon can still be lifted off the facies of the right kidney and turned toward the median line to a point somewhat beyond the renal hilus. The cæcum hangs vertically downward, and the appendix starts from the apex of the funnel-shaped cæcal termination, free from the ileo-colic junction, but making at its origin a slight coil-twist upward and to the left, toward the lower edge of the ileo-colic junction. The appendix measures 3.7 cm. in length, and is slightly coiled toward the left at its extremity. The anterior cæcal branch of the ileo-colic artery is slightly developed (Fig. XVIII, 1), appearing as a small vessel passing in front of the ileo-colic junction, and descending over it to the root of the appendix on which it loses itself. The non-vascular fold (Fig. XVIII, 3), is well marked, 2.9 cm. long, passing from the inferior edge of the terminal ileum to the cæcum and root of appendix for 0.8 cm., and crossing over the well-developed posterior vascular fold (Fig. XVIII, 2), which de-

scends to the apex of the appendix, carrying the posterior cæcal artery.

The distal 3.1cm. of the appendix are free, the first 0.6cm. being adherent to the iliac fossa.

In studying the conditions presented by this specimen it is not difficult in the first place to trace the exactly analogous parts in the cæca of Cercopithecus, Mycetes and Ateles. In common with the type presented by the former, the anterior colic artery is much reduced and no longer runs in a mesenteric fold, the peritoneal investment merely presenting a mass of epiploic fat-appendages.

Posterior cæcal artery is well developed and the intermediate non-vascular fold is distinct. In their relative arrangement these structures follow the Ateles type. The posterior vascular fold forms the true mesentery of the appendix, and although close to and crossed by the non-vascular intermediate reduplication, remains still quite separable and distinct from the same, a condition which we may perhaps ascribe to the free character of the cæcal descent, the implantation of the appendix into the apex of the pendent caecal funnel and the lack of adhesion between the gut-serosa and the adjoining parietal peritoneum.

The condition which would have been apt to ensue during the further course of the development of the parts may be judged from the arrangement presented by the cæcum represented in Fig. XIX, taken from a human adult male. Here the ascending colon and the upper portion of the cæcum present the usual amount of posterior adhesion, and the appendix occupies the position typical of the more gradual cæcal descent. The distention of the caput coli is nearly uniform, with the anterior longitudinal muscular band placed centrally, and the right side of the cæcal pouch only slightly larger than the left. The appendix starts from posterior surface of the caput coli, 1.7cm. from the point where the anterior longitudinal band turns around the inferior cæcal extremity. The root of the appendix, which measures 18.4cm. in length, is placed 3.7cm. below the lower edge of the ileo-colic junction. The appendix presents two curves with the convexity to the left. The proximal is the larger, the second or distal more acute, producing a decided nick in the calibre of the tube, which is slightly dilated immediately beyond this point.

The posterior vascular fold (Fig. XIX, 2), leading to the formation of the appendicular mesentery, is well developed, and free in its distal one-quarter, extending in gradually diminishing height to the apex of the appendix. The proximal three-quarters, however, are bound down to the posterior surface of cæcum and ileo-colic junction and intimately connected with the non-vascular fold (Fig. XIX, 3), which is also thoroughly pronounced, in the following manner:

The posterior large branch of the ileo-colic artery (Fig. XIX, 2), which is to supply cæcum and appendix, passes over the posterior surface of the ileo-colic junction, where the same, as well as the adjacent posterior surface of the large intestine, is adherent to the parietal peritoneum. The non-vascular fold meets the ridge produced by this artery about opposite the middle of the ileo-colic junction (Fig. XIX, 1), and from that point on to the root of the appendix becomes fused with the posterior vascular fold.

The point of accession of the non-vascular intermediate fold to the posterior mesenteric fold, and its fusion with the same, corresponds to the point where, in Fig. XVIII, the two structures are seen to cross each other, and from here on the distal portion of the appendicular mesentery remains free (from 1, Fig. XIX), while its entire proximal segment, extending to the root of the appendix, is fused with the cæcal portion of the non-vascular fold. The latter at its point of accession to the posterior vascular fold rounds out, with the proximal portion of the same, a deep crescentic ridge (Fig. XIX, 4), which bounds the entrance into an ileo-colic fossa.

The influence of these connections of the folds on the shape, and especially on the curves, of the appendix is quite apparent. The proximal and wider curve of the appendix has its point of greatest convexity (turned to the left), marked by the accession to the appendix at this point of one of the larger branches of the post-cæcal artery, which, turning distally, runs in the appendicular mesentery, supplying the appendix. The second sharper curve can be directly traced to the point of fusion between the posterior vascular and the intermediate non-vascular folds (Fig. XIX, 1). The segment of the appendix situated between this point and the above described accession of the larger appendicular artery to

the convexity of the proximal curve (Fig. XIX, 5), presents a concavity to the left, which is the expression of a slow growth of the appendix between two points (Fig. XIX, 1 and 5), at which the position of the tube became fixed to surrounding parts at a comparatively early date, viz., proximally the accession of the main appendicular artery running in the fused segment of the conjoined posterior mesenteric and the non-vascular intermediate folds (Fig. XIX, 5), and distally the point at which the fusion between these folds ceases (Fig. XIX, 1), and from which on the posterior vascular fold continues as a free appendicular mesentery to the apex of the tube. The sharpness of the second curve, turning its convexity to the left, and the firmness of the adhesion at 1, as well as the more movable character of the distal portion of the appendix, from point 1 on to the apex, account for the kink in the tube and the dilatation immediately beyond that point. The pathological significance of this bend is apparent, when we consider the effect which the kinking of the tube would have on a catarrhal or other *distending* inflammation of the distal pendent portion of the appendix.

The influence of this non-vascular fold and the effect of its fusion to a greater or less extent with the posterior vascular fold are of the utmost importance in establishing the final disposition of the parts. A glance at a series of preparations illustrating this fact will make the same apparent.

Fig. XX represents a human adult cæcum in the posterior view. The appendix starts from near the centre of the lowest portion of the cæcum, which is somewhat dilated to the right of the anterior longitudinal muscular band. The appendix turns sharply upward and to the left, hugging the left cæcal sacculation, crosses behind the ileo-colic junction, and is finally placed behind the ileo-colic mesentery. The appendix is 7.2cm. long, twisted somewhat spirally on itself. The non-vascular intermediate fold (Fig. XX, 3) is 3.9cm. long, passing from the *inferior* edge of the ileum to the *left* cæcal sacculation. The anterior branch of the ileo-colic artery descends over the ileo-colic junction, and is lost on the anterior surface of the ileum at the level of the lower edge of the ileo-colic junction.

The posterior cæcal vessel is of large size, radiating into the

entire appendicular mesentery. The point of accession to the appendix is marked by a division into two main branches, one of which (Fig. XX 1) passes distally in the free edge of the mesentery to the apex of the appendix. The other proximal branch (Fig. XX, 2) turns down toward the root of the appendix and at its point of accession to the tube anchors this proximal portion of the appendix firmly in the position of contact with the left cæcal sacculation. The preparation exhibits the effect produced by a short non-vascular fold. Inasmuch as the same always passes from the *inferior* edge of the ileum to the *left* cæcal sacculation, we have in the presence of this band an element which will tend to bind left side of cæcum and inferior ileal margin closely together, and will impart to the entire cæcum the tendency, which it so markedly exhibits, of turning to the left and upward. As the right sacculation yields to the tendency to enlargement, this close connection will move the left cæcal pouch, and with it the origin of the appendix, further upward and to the left. In the present instance the non-vascular and the posterior mesenteric folds are still separate from each other. But with the turn upward and to left of the extremity of the cæcal sac, imparted to the same by the traction of the non-vascular fold, the conditions favoring a more or less complete fusion between these reduplications are given. It should be remembered that, as exhibited in the cæca of Ateles and Mycetes, the non-vascular fold is from the beginning placed in close proximity to the posterior vascular fold, and not midway between the two vascular folds, in its passage from the ileum to the left side of the cæcum.

In comparing Figs. XIX and XX it will be noted that the distal limit of fusion between posterior vascular and intermediate non-vascular folds (Fig. XIX, 1), corresponds in Fig. XX, in which individual the fusion has not occurred, to the point at which the division of the appendicular artery into the distal (1) and proximal (2) branches takes place. That the latter branch alone, without fusion with the non-vascular fold, suffices to influence decidedly the curves of the appendix, is apparent from an examination of Fig. XX, where the proximal segment of the appendix is held closely applied in the erected position to the sur-

face of the cæcal pouch by the agency of this appendicular artery (2). The distal portion of the appendix is comparatively free and straight, except a slight amount of spiral twisting. If, however, the fusion with the non-vascular fold had occurred, as in Fig. XIX at 1, the segment of the appendix between 1 and 2 in Fig. XX would have been fixed at *two* points, instead of only at *one* (2), and subsequent growth would have produced the curve, concave toward the left, which Fig. XIX exhibits between 1 and 5.

The occurrence of this fusion between non-vascular intermediate and posterior vascular folds, the type of which condition is presented by the cæcum of Mycetes, is again seen in Fig. XXI. Here the general correspondence to the type presented by the preceding preparation is marked, but the transition from a free intermediate non-vascular fold to one which has begun to become united with the posterior vascular fold is apparent. The right cæcal sacculation is here decidedly the lower and larger. The anterior longitudinal band takes a decided curve to the left, the entire cæcum being bent in this direction. The appendix, 7.8cm. long, takes a wide *r*-shaped curve. The convexity of the proximal curve corresponds to the point where the proximal branch of the appendicular artery (Fig. XXI, 2) passes to the tube. The non-vascular fold (3) is well marked, 2.2cm. long, and fuses with the proximal portion of the posterior vascular fold in a sweep which passes from the inferior edge of the ileum up and back to the left cæcal sacculation above the appendix origin, and is continued from this point directly into that portion of the appendicular or posterior vascular fold which carries the proximal appendicular branch of the posterior cæcal artery. The anterior cæcal artery in this instance was obliterated. An interesting comparison can be made between Figs. XIX, XX and XXI in reference to the development, by means of the peritoneal reduplications, of the fossa situated between ileum and cæcum below the ileo-colic junction. In Fig. XX, where fusion between the non-vascular and posterior vascular folds has not occurred, this failure has left the *bottom* of the fossa in question (between 2 and 3) incomplete, the lateral boundaries being afforded by the folds named. Fig. XXI, exhibiting beginning fusion between the non-vascular and the

posterior vascular folds, shows the shallow form of the complete fossa, while in Fig. XIX, with extensive fusion, the depth of the fossa has correspondingly increased.

Fig. XXII represents the cæcum and appendix of a fœtus at term. The effect of the non-vascular fold (2) is seen in the sharp curve to the left which it imparts to the nearly transversely directed funnel-shaped cæcum.

The appendix (1) is coiled spirally for $1\frac{3}{4}$ turns behind the ileo-colic junction, with the extremity directed upward behind the mesentery of the terminal ileum. The non-vascular intermediate fold (2) extends to the root of the appendix. It appears short in its cæcal attachment on account of the turn of the cæcum backward to the left and the close connection between the inferior margin of the terminal ileum and the adjoining left cæcal border. In Figs. XXIII and XXIV, both representing fœtal cæca at term, in the anterior view, the effect produced by extreme shortness and partial reduction of this non-vascular fold is seen. In Fig. XXIII the anterior cæcal artery (3) is well developed. The non-vascular fold (2) is extremely short, forcing the terminal ileum and the adjacent left side of the cæcum into nearly parallel contact. The appendix (1) arising from the apex of the cæcal funnel, which is turned somewhat to the left, is coiled below the ileal level with a turn backward and to the right. The posterior cæcal artery is well developed. The mesenteric fold carrying it is extremely narrow.

The preparation illustrates the type resulting from the reduction in size of the non-vascular and mesenteric folds. It will be observed that the non-vascular intermediate fold (2) is reduced to a short and narrow band. Consequently there is, compared with Fig. XXII, a much smaller degree of turning to the left exhibited by the cæcum. This structure is permitted to occupy a more vertical pendent position, in which the appendix, arising from the lowest point of the cæcal funnel, shares. The appendix is not drawn into the retro-ileal position by the non-vascular fold, as is the case in the preparation shown in Fig. XXII. In Fig. XXIV the cæcum is turned to the left, below and behind the terminal ileum. The non-vascular fold (2) is well developed as regards *length* of ileal

attachment, but is reduced in *height*, appearing as a somewhat thickened very narrow fold. It is very tense, passing from the inferior and *slightly anterior* surface of the ileum to the proximal curve of the cæcum behind the ileo-colic junction, merging here with the posterior vascular appendicular fold, behind the ileum and opposite to its upper margin. The appendix curves sharply downward at this point, and then turns upward in *front* of the ileo-colic junction, the proximal portion of this turn being kept firmly in contact with the posterior and inferior circumference of the ileum by the tension of the non-vascular band. It is impossible to ascribe this peculiar turn of the appendix to any other cause than the effect produced by the tension of the non-vascular band, which, in this instance, arises from the lower and *anterior* aspect of the ileum, instead of from the *inferior* margin opposite the mesenteric attachment, as is usually the case. From this origin it passes almost directly backward to its point of fusion with the posterior vascular fold, and the effect of this arrangement is manifested by the turn downward and forward of the appendix, from the point on where the vascular posterior and the non-vascular intermediate folds meet. If we compare the above detailed facts, in order to obtain a comprehensive view of their arrangement and significance, we may perhaps attain our purpose best by tabulating the results as follows :

	Anterior or Ventral and Posterior or Dorsal Cæcal Branch of Ileocolic Artery.	Vascular Serous Folds.	Intermediate Non-Vascular Fold.	Ascending Colon and Cæcum.
Ateles.	Anterior artery nearly as large as the posterior.	Anterior ventral and posterior dorsal distinct.	Distinct, free on both surfaces, placed one-third nearer to the posterior than the anterior vascular fold.	Free.
Mycetes.	Anterior artery slightly reduced in size.	Anterior distinct; posterior united with intermediate non-vascular fold.	Fused with posterior vascular fold; free only on anterior or ventral surface.	Free.
Cercopithecus	Anterior artery further reduced. Supplies only the anterior part of the ileocolic junction adjoining portions of cæcum.	Both anterior and posterior vascular folds reduced; the vessels running close to the surface of the tube, and the serosa presenting epiploic appendages.	Distinct; placed nearer to the posterior larger cæcal artery; both surfaces free.	Ascending colon partially adherent.
Homo.	Anterior artery always much reduced. Posterior large, supplying nearly the entire cæcum and the appendix.	Anterior vascular fold always reduced. Posterior fold appears most usually— (1) Fused with non-vascular intermediate fold in its proximal segment, its distal segment forming the free appendicular mesentery. (2) Entirely free throughout (rarer infantile type). (3) Reduced, shortened and variously modified in size and extent.	Distinct; usually the ileal division appears free; the cæcal division fused with posterior vascular fold; at times the entire fold, both in its ileal and cæcal segments, appears free.	Ascending colon usually adherent. Upper portion of cæcum not infrequently also adherent.

It will thus be seen that the arrangement in the human subject is most frequently a composite of the conditions appearing isolated in the previous types of Ateles, Mycetes and Cercopithecus. We may regard, as the *most usual* condition observed in the adult human subject, one in which we have the following characteristics developed :

1. Anterior cæcal artery much reduced ; posterior artery well developed, as in Cercopithecus.

2. The anterior vascular fold always much reduced, again as in Cercopithecus.

3. The posterior vascular fold usually fused in its proximal segment with the cæcal portion of the intermediate non-vascular fold (Mycetes type). The distal segment remains free, as the free portion of the appendicular mesentery, corresponding to the type developed in Ateles.

4. The intermediate non-vascular fold usually only free in its ileal division, the cæcal portion being fused with the posterior vascular fold, as in Mycetes.

5. Ascending colon usually adherent; portions of posterior cæcal wall at times adherent.

In conclusion, it may be of interest to compare the results obtained by the examination of the foregoing forms with the conditions presented by the cæca and appendices of some of the highest anthropoid apes. Material for this comparison is offered by the cæca of two chimpanzees (Troglodytes niger ♀ juv. and ♂ adult) and one adult male Orang-outang (Simia satyrus ♂), which animals were recently received in the flesh at the anatomical laboratory of the College of Physicians and Surgeons.

Figs. XXV and XXVI represent the anterior ventral and posterior or dorsal view respectively of the cæcum and ileo-colon of the young chimpanzee (Troglodytes niger ♀ juv.).

In Fig. XXV, showing the ventral view, the general oblique curve of the somewhat funnel-shaped cæcum to the left is marked. The right half of the cæcal pouch exhibits a tendency to sacculated enlargement. The ventral vascular fold (Fig. XXV, 3) descends over the ileo-colic junction, extending over the ventral surface of the cæcum nearly as far as the level of the lower margin of the ileum. The non-vascular intermediate fold

(Figs. XXV and XXVI, 2), derived from the inferior ileal margin, opposite to the mesenteric attachment, passes to the ventral and left aspect of the cæcum and meets, near the root of the appendix, the dorsal vascular fold (Fig. XXVI, 3) carrying the posterior cæcal branch of the ileo-colic artery, which ramifies over the cæcum and supplies the appendix. The appendix measures 12.3 cm. and presents a terminal hook. The appendicular mesentery extends to within the concavity of this hook and is 1.5 cm. wide at the widest part, about 4.5 cm. from the root of the appendix.

Figs. XXVII and XXIII show the cæcum of the adult chimpanzee, Troglodytes niger ♂, adult, Fig. XXVII in the dorsal and Fig. XXVIII in the ventral view. The chief points of interest are found in the increased curve of the cæcum, to the left and upward, behind the ileo-colic junction, producing the bend or kink in the lumen of the cæcal pouch seen in the dorsal view, Fig. XXVII. The non-vascular fold is extremely short and tense, fusing with the short appendicular mesentery near the point where, in the dorsal view, the appendix is seen bent at its origin sharply to the right. Compared with the juvenile specimen of the same animal, the effect of the short non-vascular intermediate fold, during the further growth of the gut, in forcing the terminal cæcum and root of the appendix further to the left and upward toward the ileo-colic junction, is apparent. Also the tendency to produce the sharp and almost constricting bend of the appendix near the root, at the point where the fusion between the non-vascular intermediate and the dorsal vascular folds takes place.

Figs. XXIX and XXX represent respectively the ventral and dorsal views of the cæcum and ileo-colon of a nearly adult male orang, Simia satyrus ♂, about 4½ feet high.

The cæcum is decidedly funnel-shaped, with a tendency to enlargement of the right lateral portion. The sweep of the funnel to the left and upward is well characterized by the curved course of the anterior longitudinal muscular band (Fig. XXIX), whose fibres are spread out over a surface 3cm. wide. The curve of the funnel-shaped cæcum carries its apex upward and to the left behind the ileo-colic junction. At the level of the upper

margin of the terminal ileum (dorsal view, Fig. XXX) the cæcum passes gradually into the beginning of the appendix. The ventral cæcal artery (Fig. XXIX, 2) is well developed, forming, with the peritoneal fold and the epiploic appendages surrounding it, a sharp sickle-shaped edge, descending over the ventral aspect of the ileo-colic junction, following the curve of the left cæcal margin and presenting its own concavity to the left, toward the entering ileum. The ventral cæcal artery follows the left margin of the cæcum below the inferior edge of the ileo-colic junction and passes for 0.5cm. upon the portion of the cæcal funnel, which turns upward behind the ileo-colic junction.

The appendix measures, along its free border, 22.6cm. The appendix follows the direction of the cæcum for 2.7cm. It then takes an abrupt bend, somewhat constricted at this point, downward for 4.3cm., curves upward again for 7.5cm., turns downward a second time for 5.4cm., and terminates in a hook 2.7cm. long.

The dorsal cæcal artery is a vessel of large size, which descends dorsally in the groove between cæcum and colon and gives its branches to the narrow appendicular mesentery, which extends, with many epiploic appendages, to within 9mm. of the blunt apex of the appendix. The mesentery is narrowed 2.5 cm. beyond the first bend in the appendix to a fringe not more than 0.75cm. wide. Up to this point the mesentery measures 1.5 cm. in width, and just at the point where it narrows it is joined by the non-vascular intermediate fold (Fig. XXX, 2), which forms a membranous band, measuring 3.3cm. in its deepest part, spread out in the angle between the inferior and dorsal surfaces of the ileum and the dorsal surface of the cæcum, which turns up behind the ileo-colic junction. This band is plainly the cause of the first downward bend of the appendix, and serves at the same time to fix the point at which the upward turn of the tube takes place. It is also instrumental in forcing the entire cæcum into the curve to the left which it presents, and constricts the appendix somewhat at the first bend (Fig. XXXIII), so that a slight dilatation occurs immediately beyond this point. The specimen shows excellently the effect on the shape and turns of the appen-

dix exercised by the fusion of the non-vascular reduplication with the dorsal mesenteric fold.

If we compare the conditions presented by the cæca of these apes with those found in many human cæca, the close correspondence of the arrangement and the effects of the various folds becomes at once apparent.

Figs. XXXI and XXXII present the human cæcum of an adult male.

Fig. XXXI, giving the anterior view, shows, by the course of the anterior longitudinal muscular band, the turn of the cæcum to the left and upward and the development, in a bunch of epiploic appendages, of the anterior cæcal artery (Fig. XXXI, 1). The non-vascular intermediate fold (Fig. XXXII 2) passes to the root of the appendix, joining the proximal portion of the posterior vascular fold, in which the posterior cæcal branch of the ileo-colic artery runs to the tip of the appendix. The distal two-thirds of this appendicular mesentery are free, while the proximal third is anchored, as just stated, by union with the intermediate non-vascular fold. There is a deep pocket between the ileum and the appendix and its mesentery, which is increased by the free portion of the non-vascular fold.

In conclusion the following summary of the results obtained by the foregoing examinations may be given:

1. The element which primarily governs the permanent position of the appendix is found during the course of the development of this portion of the alimentary tract, early colic adhesion to the posterior parietal peritoneum producing the post-cæcal, more or less vertical position of the appendix, whereas the failure or postponement of such early adhesion, on account of the continued interposition of the posterior division of small intestine coils, leads to the more or less well pronounced instances of pendent cæcum and appendix.

2. The further changes in shape, direction and position of the appendix depend in the main on the disposition of the posterior vascular and of the non-vascular intermediate folds. In the majority of instances the characteristic turn of the cæcum to the left and the approximation of the root of the appendix to the ileo-colic junction, with the concomitant increase in size of

the right lateral half of the cæcum to form the secondary terminal cæcum, depend on the early amalgamation of the non-vascular intermediate fold with the proximal portion of the posterior vascular fold.

3. The curves, bends and kinks of the appendix depend on the slow increase in size of the tube between two points which have been anchored or fixed at a comparatively early date. One of these points of fixation is usually afforded by the accession of the main post-cæcal branch of the ileo-colic artery to the appendix; the other is given by the point at which the fusion between the proximal portion of the posterior vascular fold and the intermediate non-vascular fold terminates, the distal portion of the posterior vascular fold continuing to the apex of the appendix as a free mesentery, with gradual diminution to the extremity of the tube.

Especially is the point of accession of the posterior ileo-colic arterial branch to the appendix often rendered the most fixed portion of the tube, and one where bends and twists are most apt to occur. The importance of these changes in the lumen of the appendix tube, in reference to pathological distention of the distal portions of the appendix, appears at once. It is interesting to note that the same constrictions, due to the influence of these folds and their mutual adhesion, appear in the appendices of the higher anthropoid apes, especially in the adult specimens, where the influence of this early fusion between opposed serous surfaces would be more especially apparent.

4. The gradual descent (due to the adhesion of the posterior colic wall to the posterior parietal peritoneum) and the consequent initial *backward* curve given to the cæcum, is the cause which produces the *shortening* of the posterior vascular fold and the partial elimination of the anterior cæcal arterial branch, together, possibly, with the more favorable circulatory conditions which this adhesion of the posterior wall establishes, as compared with the pressure and varying dilatation and distention to which the anterior more mobile colic and cæcal wall is subjected.

5. The *adhesion* of the posterior surface of the colic tube, rather than the lack of blood-supply,* is the element which deter-

* Treves, loc. cit., p. 36.

mines the more pronounced downward growth and protrusion of the anterior colic and cæcal wall.

6 The appendix, modified in its shape and relations by the serous reduplication above described, has a natural curve, which, after the completed rotation of the intestine, presents its concavity to the left. It possesses a terminal uncinate or hook-like portion, into whose grasp the appendicular mesentery is usually carried as an extremely diminished fold. This structural character of the appendix is seen in its purest type in the cæcal pouches of many of the lower forms, *e.g.* Ateles ater among primates, or Hyaena striata among carnivora.

7. The morphological importance and significance of the serous reduplications, vascular and non-vascular, is evidenced by their constant and persistent occurrence, with modifications depending on the form of the ileo-colon, throughout the entire mammalian group. We have above traced their course of derivation as they appear in the human subject and in the higher anthropoid apes, through the type series, as presented by Ateles, Mycetes and Cercopithecus. A more extended consideration of other mammalian forms is beyond the scope of the present paper. It may, however, be permitted to point out the fact that even the aberrant cæcal pouches of the Sirenia, as of Trichechus americanus, present the folds, modified of course by the peculiar arrangement of the ileo-cæcal intestine. Again, the persistent character of the vascular reduplications is eminently well shown in the ileo-colic junction of the Aretoidea. In such forms as Nasua rufa or Procyon lotor, for example, where the cæcal pouch has become completely reduced and eliminated, and where the ileo-colic transition is direct, the same arrangement of dorsal and ventral branches of the ileo-colic artery is seen, each vessel running in a well-developed serous fold surrounding on each side the ileo-colic junction. This appears, therefore, as the last remnant of the original condition, in which the transition from small to large intestine is accompanied by the protrusion of the cæcal pouch and the formation of the serous folds.

EXPLANATION OF FIGURES.

Fig. I.—Embryo of 11mm. cervico coccygeal measure. View of anterior and left aspect of intestinal canal.

1. Cæcal protrusion.
2. Descending median intestine (colon).
3. Ascending or returning limb of umbilical loop.
4. Descending limb of umbilical loop.
5. Extra-umbilical coils of small intestine.

Fig. III.—Embryo of 4.9cm. vertex-coccygeal measure; anterior view of abdominal cavity with liver partially removed.

A. Hepatic extremity of colon, with cæcal pouch and appendix; appendix curved, turning its concavity to the left, placed above and somewhat behind the ileal coils.

B. Transverse portion of colon.

C. Anterior ileal coil division.

D. Ileal coil presenting anteriorly at ileo-colic junction.

The side-diagram of Fig. III. presents the same parts with the coils somewhat opened. The bend in the colic tube, touched by line *A* in Fig. III., is opened by turning the gut down and to the left.

Fig. II.—The same embryo represented in Fig. III. The colic coil further depressed and turned to the left, seen from the right side.

A. Beginning of colon, with terminal cæcal bud.

B. Transverse colon.

C. Second ileal coil from the ileo-colic junction.

D. First or terminal ileal coil entering the ileo-colic junction.

E. Fourth ileal coil from the ileo-colic junction.

Above *C*, between it and the beginning of the colon, the most anterior of the posterior or jejunal division of coils comes into view.

To the right of C¹ the fifth ileal coil from the ileo-colic junction is seen.

Fig. IV.—Embryo of 6.7cm. vertex-coccygeal measure. Liver removed.

A. Cæcum placed nearly transversely, lying between *B*, posterior division of ileal coils, and *C*, anterior ileal fold.

Anterior and posterior divisions connected by loop *F*, between *B* and *C*.

E. First or terminal ileal coil at the ileo-colic junction.

F. Coil derived from the continuation downward and backward of *B*.

D. Original post-cæcal coil, rotated down and to left.

Side Figure.

Coil *C* of main figure lifted up, displaying underneath it *A*, cæcum and appendix, turned to the left and running underneath the terminal ileal fold *E*, to lie behind the beginning of the colon. Letters as in main figure.

FIG. V.—Embryo 4.4cm. cervico-coccygeal measure. Liver removed.

A. Cæcum and appendix.

B. Posterior division of ileal coils.

D. Anterior division of ileal coils.

C. Transition folds between *B* and *D*.

FIG. VI.—Embryo 6.6cm. vertex-coccyg. measure. Liver removed.

1. Appendix.
2. Cæcum and beginning of colon.
3. Stomach.
4. Second ileal coil from ileo-colic junction.
5. Transverse colon.
6. Duodeno-jejunal coil.

FIG. VII.—Embryo 6.5cm. cervico-coccyg. length. Liver removed. Seen from right side.

A. Beginning of colic tube, with cæcum and appendix turned forward and to left.

B. Proximal limb of most anterior presenting coil of ileal folds.

C. Posterior ileal coils, developed to an unusual extent in situ, and preventing altogether cæcal apposition to post-abdominal parietes. Coil C is the terminal ileal coil entering cæcum (*A*) under cover of the root of appendix.

D. Distal portion of presenting anterior loop, proceeding toward left to the remaining convolutions.

E. Inferior ileal coils connecting with preceding.

F. Stomach.

FIG. VIII.—Embryo 5.9cm. vertex-coccyg. measure. Liver removed.

A. Appendix.

B. Transverse colon.

C. Anterior and left ileal coils.

D. Ileo-colic junctional or first ileal coil.

E. Third ileal coil from ileo-colic junction.

F. Fifth ileal coil from ileo-colic junction.

SIDE FIGURE.

Seen from right side; same annotation.

FIG. IX.—Embryo of four months. 10.7cm. vertex-coccygeal length. Liver and the small intestines from the duodeno-jejunal to the ileo-colic junction removed.

The colon already presents an ascending transverse and descending portion. Appendix (*A*), post-cæcal, curved, with tip turned downward, under cover of the ileo-colic junction and mesentery, seen in side figures with ileo-colic junction displaced upward.

FIG. X.—Embryo, 7.6cm. vertex-coccygeal measure. Liver and small intestines from duodeno-jejunal to ileo-colic junction removed.

1. Cæcum, with root of appendix presenting at its highest point.
2. Terminal ileal coil.
3. Duodeno-jejunal junction.

SIDE FIGURE.

Cæcum, appendix and ileo-colic junction shown by turning 1. up and to left.

FIG. XI.—Fœtus, 18.4cm. long, vertex-coccyg. measure. Liver and small intestines in greater part removed.

A. Appendix, cæcum slightly raised and turned to left.
B. Terminal ileal coil.
C. Oblique ascending colon.
D. ight kidney.
E. Pyloro-duodenal junction.

FIG. XII.—Fœtus, 10.6cm., vertex-coccygeal measure. Liver and greater part of small intestines removed.

1. Cæcum.
2. Terminal ileal coil.
3. Ileum, divided a short distance from ileo colic junction; above 3 is seen divided duodeno jejunal junction.

FIG. XIII.—Fœtus at term; lower portion of abdominal cavity; liver and most of small intestines removed.

A. Terminal portion of appendix, resting on upper and outer edge of
B. Right ovary.
C. Right hypogastric artery and bladder.
D. Right kidney.

FIG. XIV.—Fœtus, 20.4cm. vertex-coccygeal measure.

1. Appendix.
2. Terminal portion of ileum.
3. Right kidney.
4. Stomach.
5. Sigmoid flexure.
6. Transverse colon.

FIG. XV.—Infantile cæcum, lifted up to show vertical course of appendix situated behind cæcum and ascending colon.

FIG. XVI.—Ileo-colic junction and cæcum of Ateles ater, ♀, the Black-handed Spider monkey.

1. Anterior vascular cæcal fold.
2. Non-vascular intermediate fold.
3. Posterior vascular cæcal fold.

FIG. XVI*a*.—Ventral view of cæcum of Mycetes fuscus, ♀, the Brown Howler monkey.

1. Ventral vascular fold.
3. Intermediate non-vascular fold.

FIG. XVI*b*.—Dorsal view of same preparation.

2. Dorsal cæcal artery.
3. Intermediate non-vascular fold.

Fig. XVII.—Ileo-colic junction and cæcum of Cercopithecus sabæus, ♀, the African Green monkey. Terminal ileum turned upward.

1. Anterior cæcal artery.
2. Posterior cæcal artery.
3. Non-vascular fold.

Fig. XVIII.—Human cæcum and ileo-colon, child, one year old; anterior view.

1. Anterior cæcal artery, surrounded by epiploic appendages.
2. Posterior vascular fold, forming appendicular mesentery.
3. Non-vascular intermediate fold.

Fig. XIX.—Human cæcum and ileo-colon. Adult ♂.

1. Posterior vascular fold, at the beginning of the distal free portion, constituting the appendicular mesentery.
2. Proximal segment of posterior vascular fold fused with
3. Non-vascular intermediate fold.
4. Rounded edge at union of posterior vascular and intermediate non-vascular folds, bounding entrance into ileo-colic fossa.
5. Point of accession to the appendix of the main appendicular artery derived from the posterior cæcal branch.

Fig. XX.—Human adult cæcum and ileo-colon; posterior view.

1. Distal appendicular branch of posterior cæcal artery, running in mesentery of appendix.
2. Proximal branch of same vessel turning downward to the root of the appendix.
3. Non-vascular intermediate fold.

Fig. XXI.—Adult human cæcum and ileo-colon; posterior view.

1 Distal, and
2. Proximal appendicular artery, derived from the posterior cæcal division of the ileo-colic artery, and running in the posterior vascular fold.
3. Intermediate non-vascular fold, exhibiting the beginning fusion with 2. Anterior cæcal artery not developed.

Fig. XXII.—Cæcum and ileo-colon of human fœtus at term; anterior view.

1. Appendix, coiled spirally behind terminal ileum.
2. Non-vascular intermediate fold.

Fig. XXIII.—Cæcum and ileo-colon of human fœtus at term; anterior view.

1. Appendix.
2. Reduced intermediate non-vascular fold.
3. Anterior cæcal artery.

Fig. XXIV.—Cæcum and ileo-colon of human fœtus at term; anterior view.

1. Appendix, terminal portion turned upward and forward in front of the ileo-colic junction.
2. Intermediate non-vascular fold.

FIG. XXV.—Cæcum and ileo-colon of young chimpanzee, Troglodytes niger, ♀ juv.; ventral view.

1. Appendix.
2. Intermediate non-vascular fold.
3. Ventral cæcal artery and vascular fold.

FIG. XXVI.—Same specimen, dorsal view.

1. Appendix.
2. Intermediate non-vascular fold.
3. Posterior cæcal artery and fold passing into appendicular mesentery, and joined near root of appendix by intermediate non-vascular fold.

FIG. XXVII.—Cæcum and ileo-colon of adult chimpanzee, Troglodytes niger, ♀. Dorsal view.

1. Appendix.

FIG. XXVIII.—Same specimen; ventral view.

1. Ventral cæcal artery and vascular fold.

FIG. XXIX.—Cæcum and ileo-colon of adult orang-outang, Simia satyrus ♂. ventral view.

1. Appendix.
2. Ventral cæcal artery and vascular fold.

FIG. XXX.—Same specimen; dorsal view.

1. Appendix.
2. Intermediate non-vascular fold.

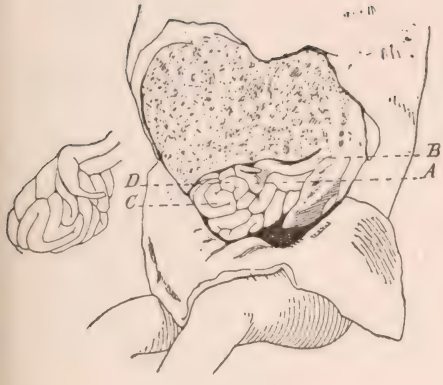
FIG. XXXI.—Cæcum and ileo-colan of adult human male, anterior view.

1. Anterior cæcal artery, enclosed in fat lobule, and surrounded by peritoneal fold.

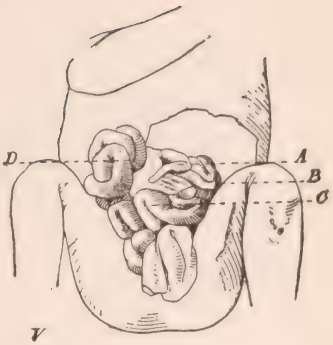
FIG. XXXII.—Same preparation. Posterior view.

1. Appendix.
2. Intermediate non-vascular fold.

FIG. XXXIII.—Schematic view of the curves of the appendix of the orang-outang, Simia satyrus, ♂.



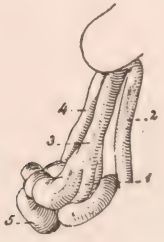
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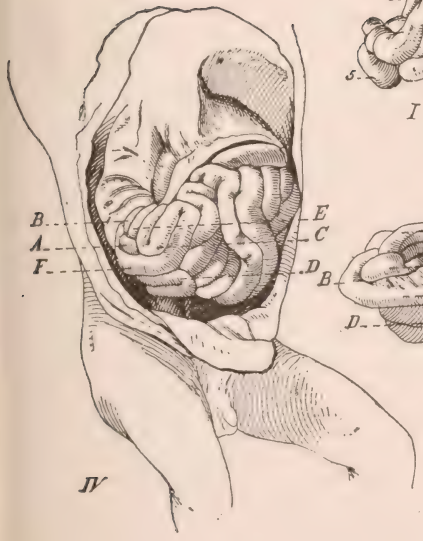
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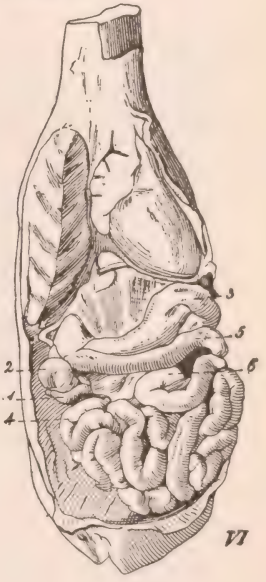
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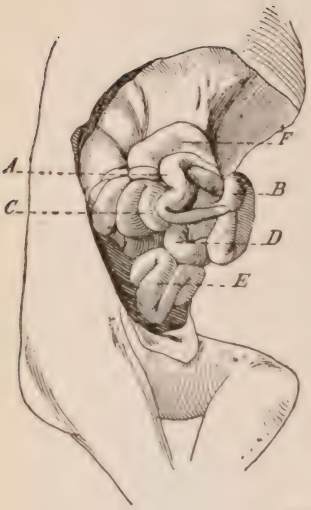
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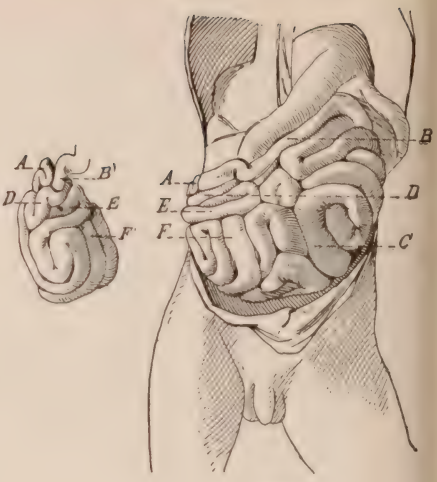
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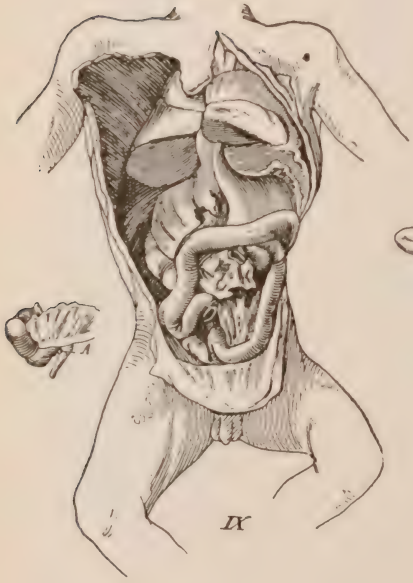
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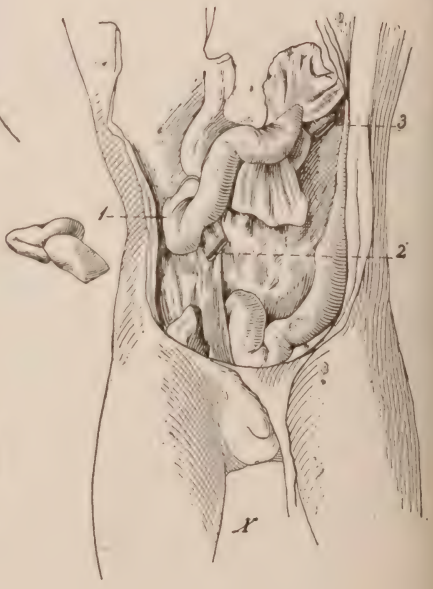
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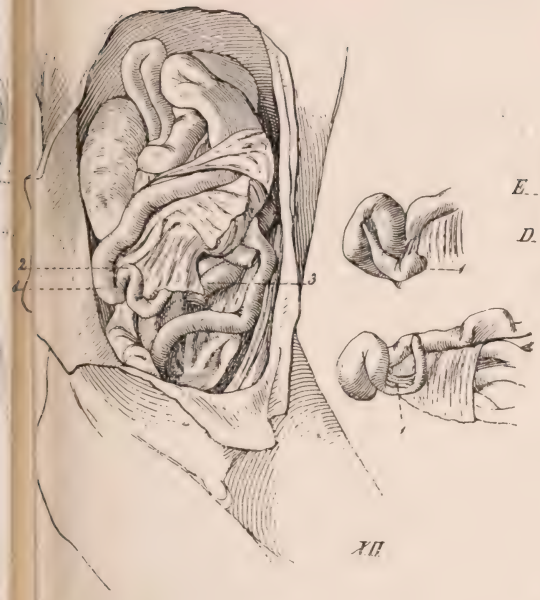
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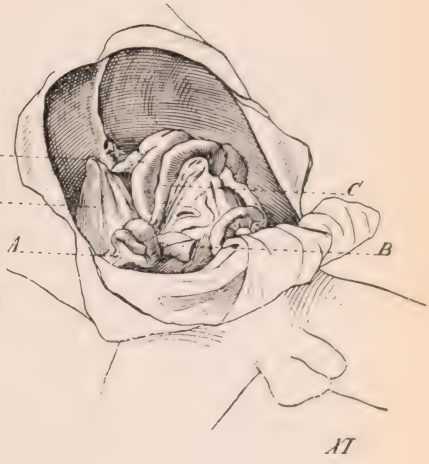
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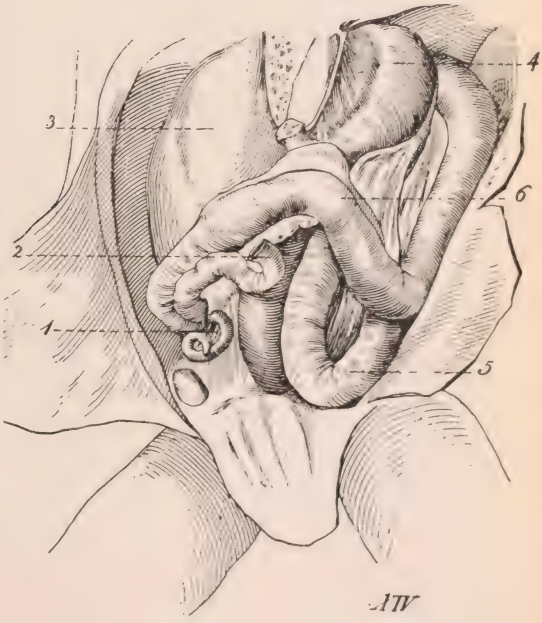
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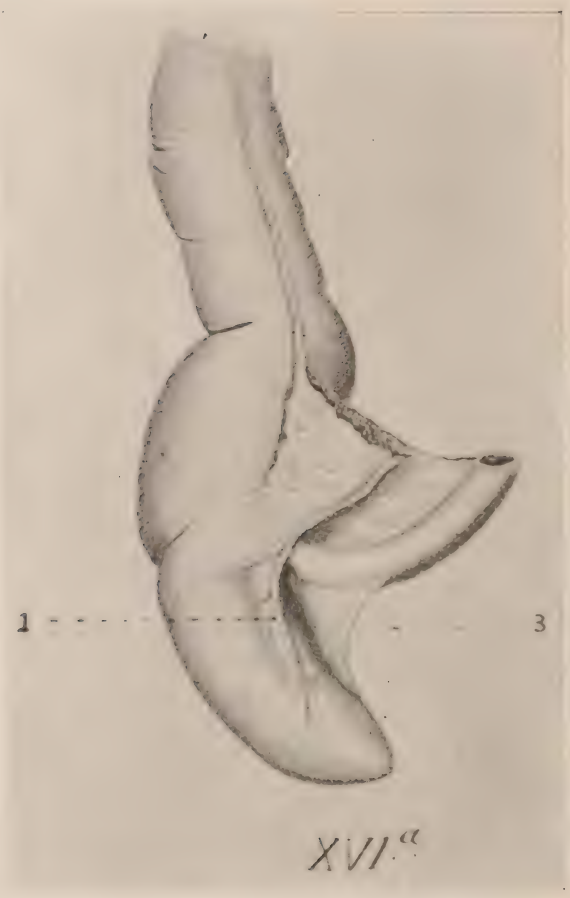
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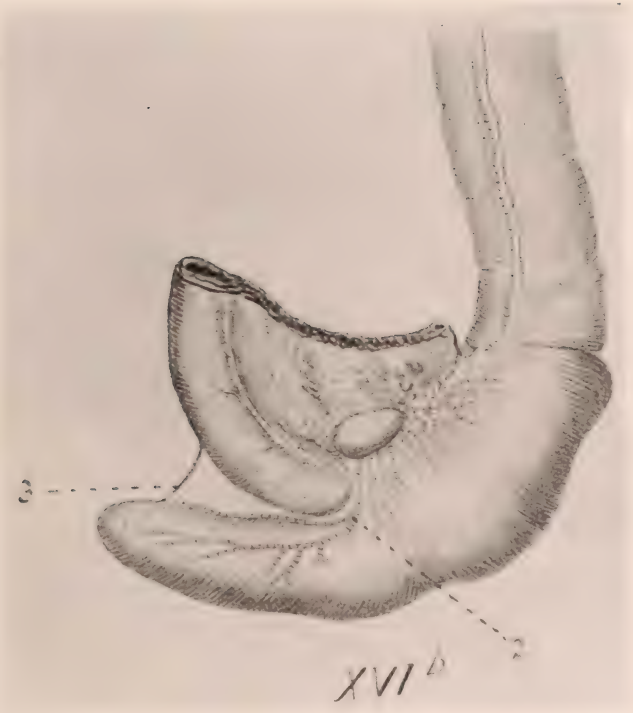
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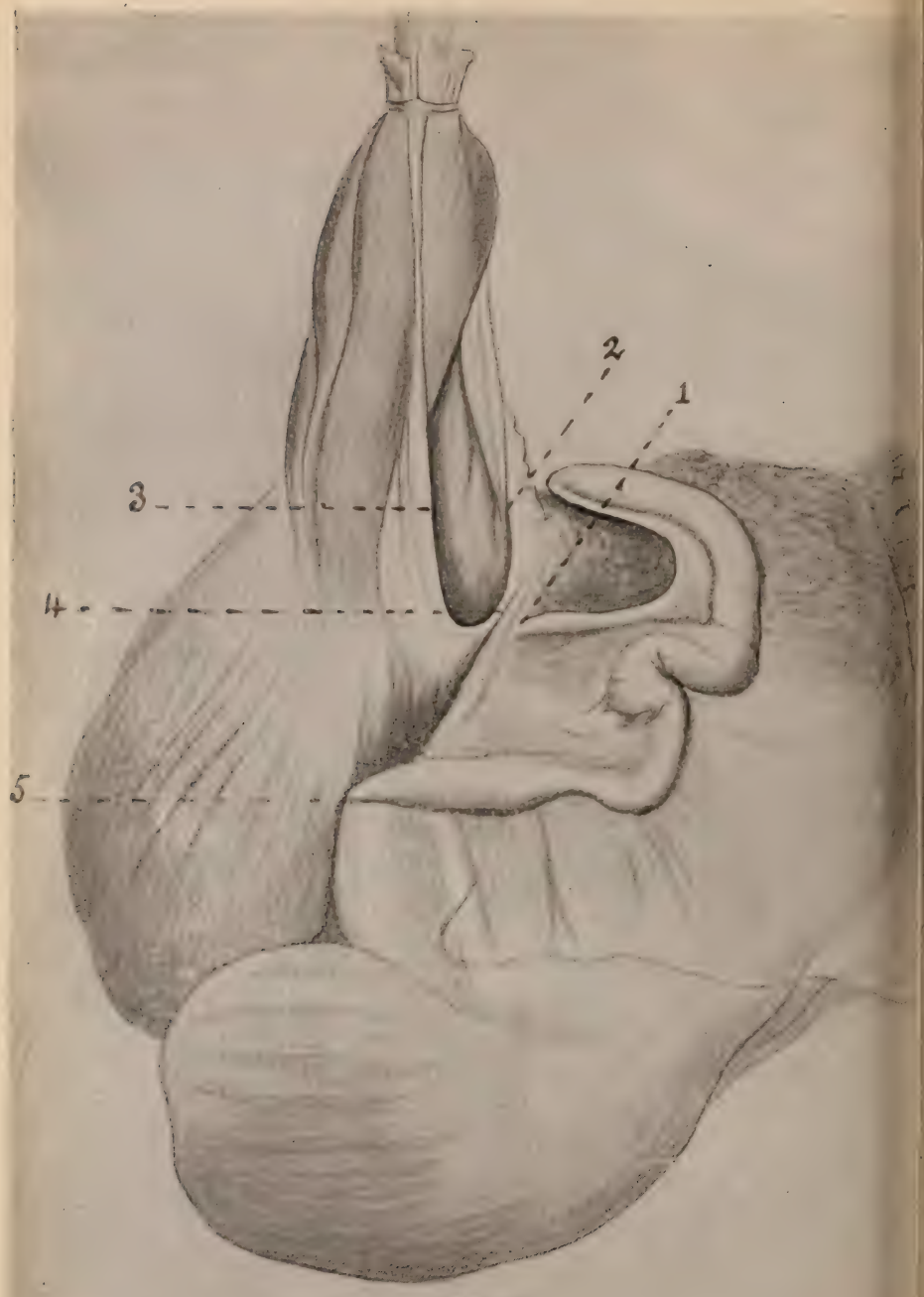
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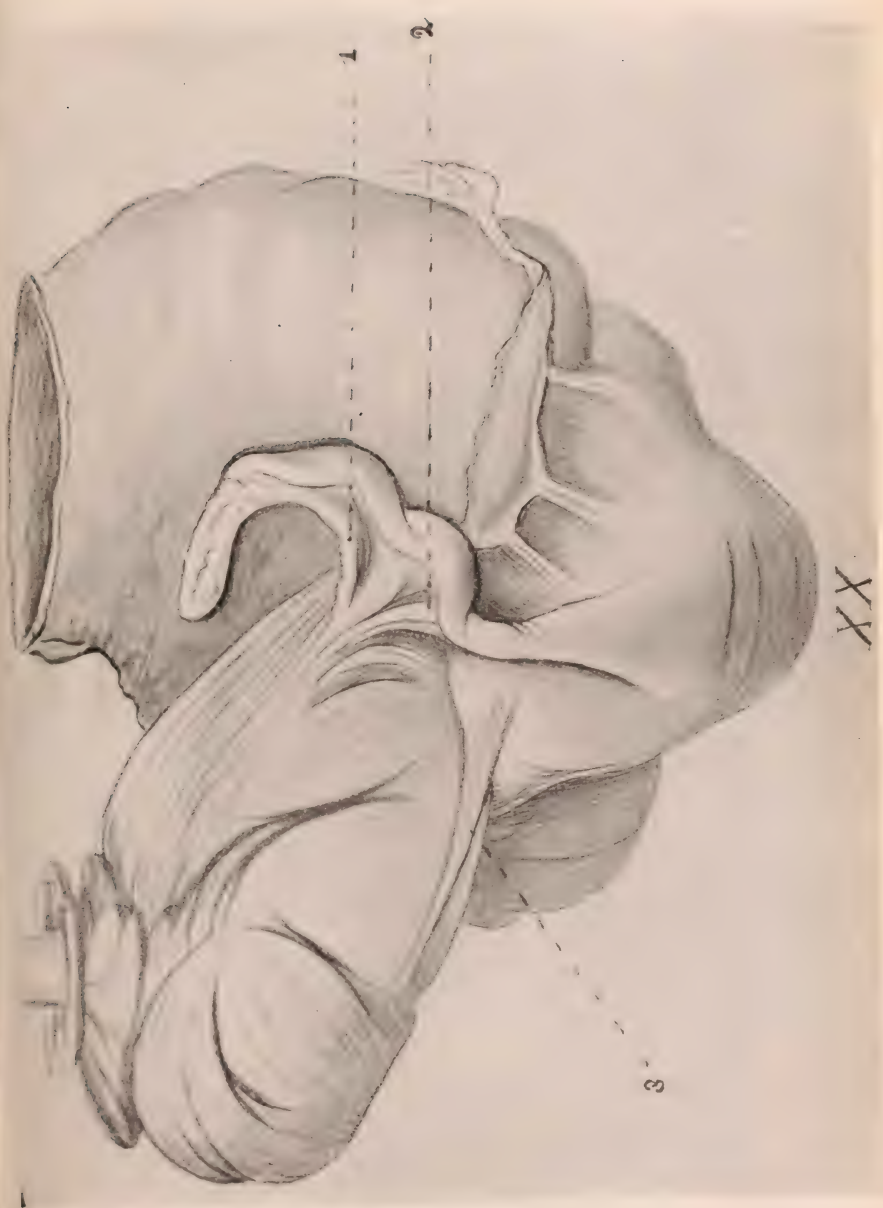

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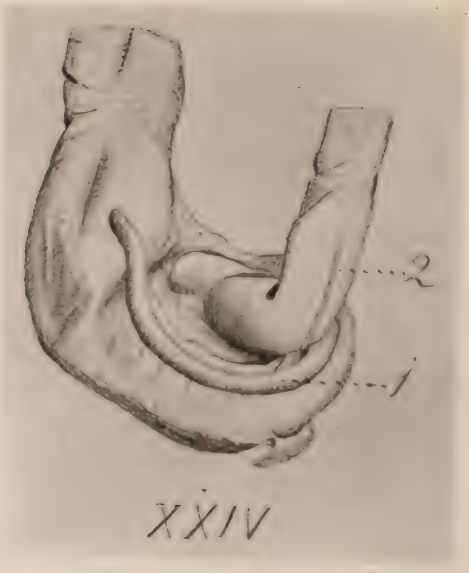

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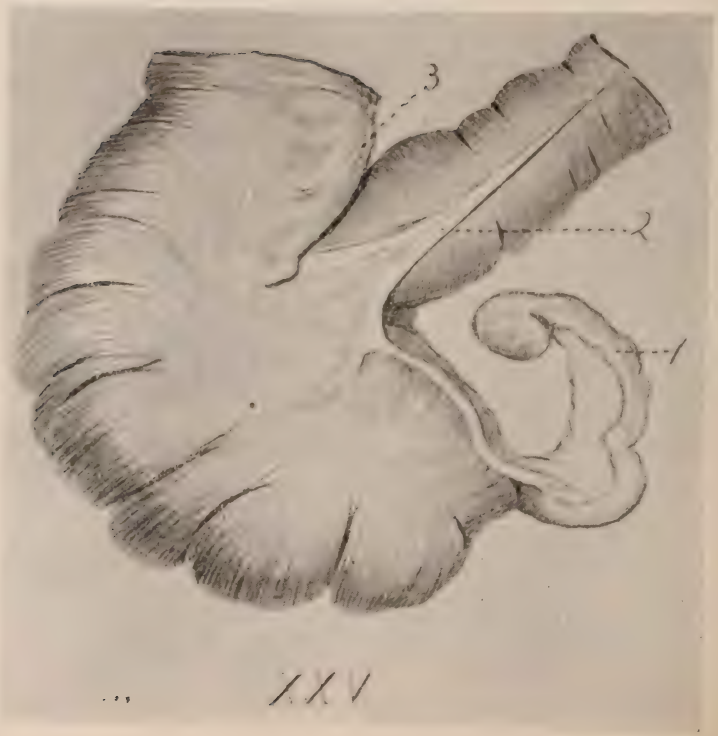
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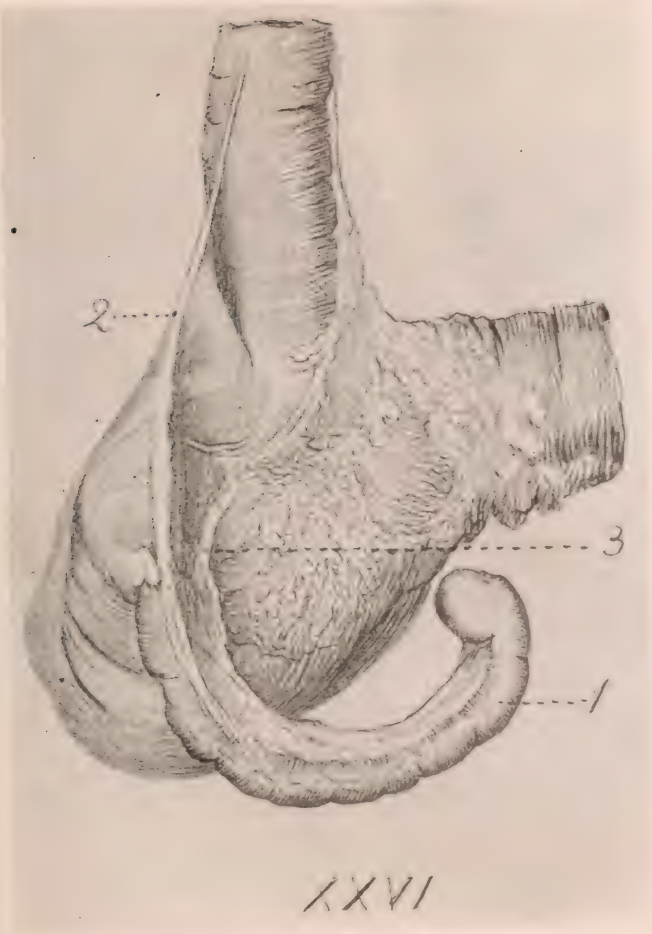
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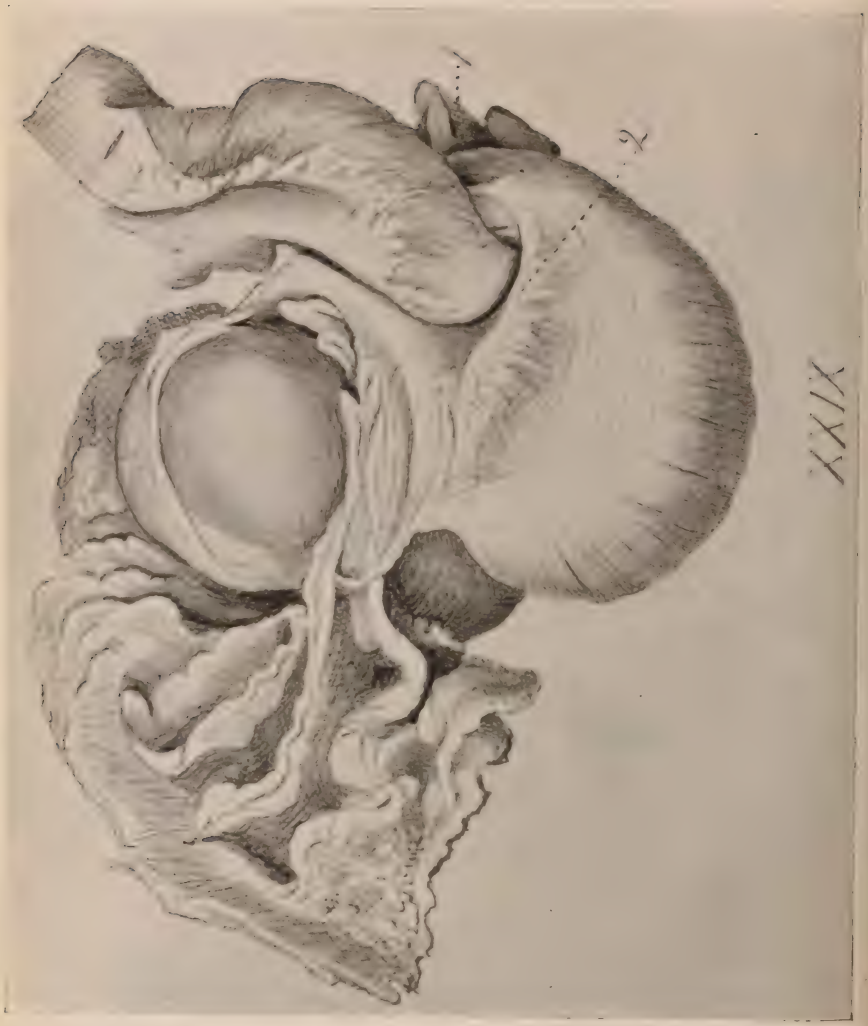


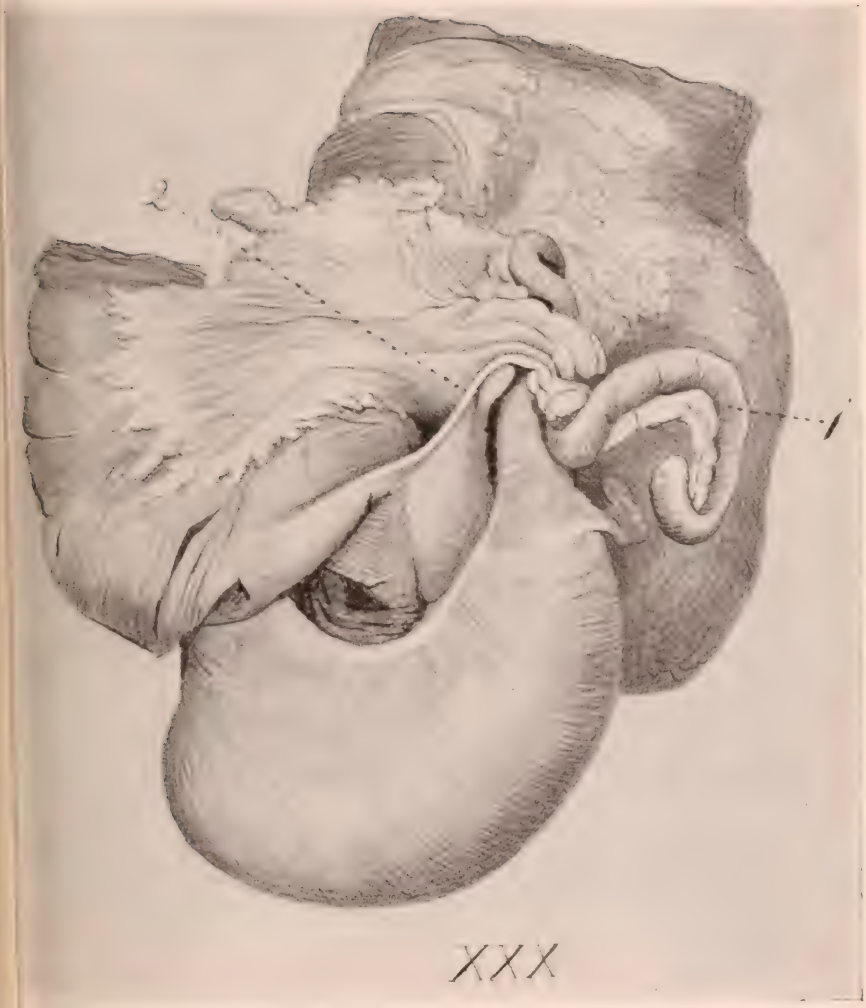
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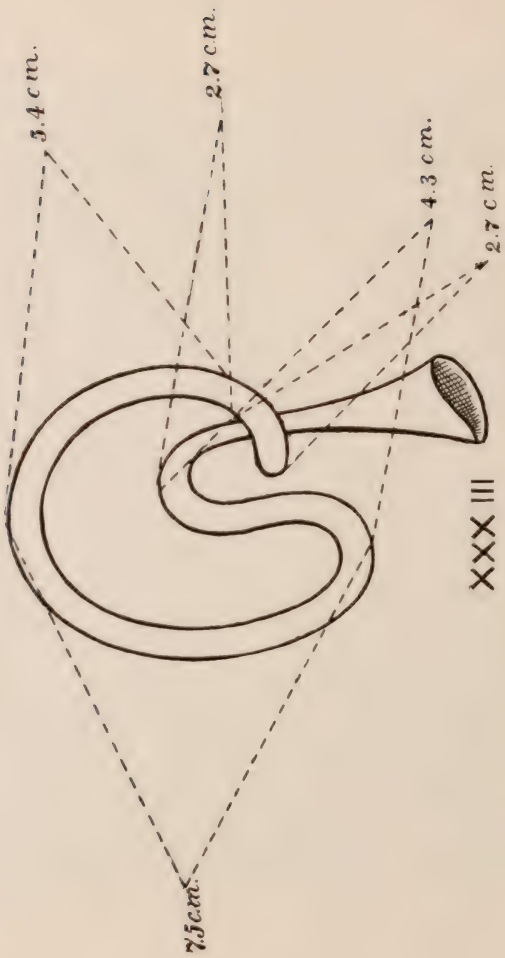
XXX



XXXI



XXXII


3.4 cm.
2.7 cm.
4.3 cm.
2.7 cm.
7.5 cm.
XXX III

REPORT OF ORTHOPEDIC SURGEON.

T. HALSTED MYERS, M. D.

During the fifteen months ending April 1, 1893, 2,583 cases of confinement have been attended by the physicians of this Society.

Fifteen of the children presented deformities, which may be tabulated as follows :

Double club feet	8 cases.
Polydactylism	3 "
Syndactylism	1 case
Cleft palate and hare-lip	1 "
Exstrophy of bladder	1 "
Imperforate rectum	1 "
Total	15 cases.

The routine treatment of the less marked cases of club-foot was to instruct the mother carefully how and when to manipulate the feet properly. She was also shown how to bandage them when that was necessary. In the more severe grades of the deformity splints were made use of. The first step was to overcome the varus. This was done by strapping to the inside of the leg and foot a bar of block tin having cross-pieces at its extremities to embrace the toes and calf of the leg. This brace was put on the foot in its deformed position, and gradually straightened, at intervals of a day or two, until the foot was brought into a valgus position, instead of varus. The equinus was then corrected in the same way, by applying a similar brace to the back of the leg and sole of the foot, and gradually bringing the foot-piece up to the right angle with the leg-piece. Owing to the very early age at which treatment was begun, tenotomy of the tendo Achilles has only been necessary in three cases, and section of the plantar tissues has not been required in any. Daily

exercises are carried out methodically in all these cases, and they are to be kept under observation for at least a year after the deformity has been corrected.

Two of the cases of Polydactylism belonged to the fourth variety of Annandale's classification, and were precisely alike. Each had a double terminal phalanx on one thumb. There were no clefts in the soft parts of these phalanges, but there were two nails, and two bones, both of which articulated with the head of the first phalanx, which was nearly twice the normal breadth.

The radial phalanx has been dissected off in one of these cases with a very satisfactory result.

The third case of Polydactylism is a very good example of how exactly the deformities of the parents may be reproduced in the children. The boy, eight days old, has on the left hand a supernumerary finger having three phalanges which are fairly developed. It articulates with the head of the fifth metacarpal bone. There seems to be a little control of the finger by the flexor and extensor muscles. The right hand has a sixth finger, but this has only the two terminal phalanges, and is attached, by a band of soft tissues only, to the outer side of the head of the fifth metacarpal. Both feet have six toes, fully developed, the fifth and sixth articulating with the fifth metatarsal bone.

A sister of this boy, two years of age, presents *exactly* the same deformities, except that the more primitive finger is in this case on the left hand.

The father has normal feet, but has *exactly* the same deformity of the hands as his children. No other member of the family on either side is deformed as far as the parents know. Most writers now class this deformity with syndactylism and adactylism, and think it dependent upon changes in the primary embryonal cell mass. (Hirst and Piersol, "Human Monstrosities," p. 52).

Case XII.—Syndactylism. The toes of both feet were united by a web of soft tissues. As function was good, no operation was advised.

Case XIII.—Cleft Palate and Unilateral Hare-lip. The cleft in the palate was not operated upon owing to the age of the child. The maxillary cleft was a moderate one, and was not treated.

The soft parts yielded a very good result to the usual plastic operation, which was undertaken when the child was three months old.

XIV.—Exstrophy of Bladder in a girl. At birth the cleft in the symphysis pubes was easily made out, but six months later it was less marked. There is no other deformity, and the general health of the child at eleven months is still excellent so that surgical interference is proposed.

Case XV.—Imperforate Rectum. The anus was patent for about one inch, and was separated from the rectum by a septum about three-fourths of an inch in thickness. A cord-like filament connected the two. Dr. Frank Markoe operated on the third day, without anæsthetic, and succeeded readily in reaching the rectum and relieving the great distention present, but the child died the same evening.

REPORT OF BACTERIOLOGIST.

D. H. McALPIN, M. D.

No report under this heading is submitted since the Department of Bacteriology has only recently been created.

PUPILS.

During the fifteen months ending April 1, 1893, 385 pupils were instructed as follows:

Undergraduates of the Medical Department of the University of the City of New York	159	
" Bellevue Hospital Medical College	121	
" College of Physicians and Surgeons	31	
" N. Y. Homœopathic Medical College	8	
" New York Homœopathic College for Women	6	
" Long Island College and Hospital	3	
" University of Virginia	1	
" University of Kingston, Ont	1	
" Yale University Medical School	1	
" University of Vermont	1	
" College of Physicians and Surgeons, Chicago	1	
" New York Eclectic Medical College	1	
		334
Graduates of the Bellevue Hospital Medical College	14	
" Medical Department, University of the City of New York	13	
" College of Physicians and Surgeons	7	
" Queen's College, Kingston, Ont	1	
" Bowdoin College	1	
" University of Virginia	1	
" Dartmouth College	1	
" College Physicians and Surgeons, Chicago	1	
" Yale University Medical School	2	
" University of Buffalo	1	
" Columbia College, Washington, D. C	2	
" New York Homœopathic Medical College	1	
" Chicago Homœopathic Medical College	1	
" Toronto Medical College	1	
" University of Vermont	1	
" Long Island College and Hospital	1	
" Sterling Medical College, Columbus, O	1	
" Louisville Medical College, Louisville, Ky	1	
		51
Total		385

Total number of cases confined by pupils	1,786
" " present at by pupils	2,071
" " pregnant women examined by pupils	1,210
Average number of cases each pupil assisted at	4.90
" " " " " " was present at	5.68
" " pregnant women each pupil examined	3.32
Greatest " cases any one pupil assisted at	18
" " any one pupil was present at	21
" " pregnant women any one pupil examined	15

The following circular of general information has been prepared in answer to letters of inquiry addressed to the Hospital.

SOCIETY OF THE LYING-IN HOSPITAL OF THE CITY OF NEW YORK.

314 BROOME STREET.

Dear Doctor:

We take pleasure in calling your attention to the advantages of this institution if you at any time contemplate taking a course of instruction in Practical Obstetrics. The Hospital is situated in the most densely populated district of this city. The number of deliveries in 1892 *was* 2,070, *and we shall far exceed that number in the coming year. The thorough and systematic manner in which the instruction is conducted will commend itself at once to the student who wishes to avail himself of the opportunity thus offered.*

Each student will personally attend and conduct six to fifteen cases of labor, as they may fall to his lot in regular rotation during his two weeks' term of service.

The instruction will include, in addition to the management of labor cases, the examination of pregnant women, and the personal treatment of women and children during the puerperal state.

The fee for two weeks' course of instruction is $20, *payable in advance. A deposit of* $10 *is required from each student to cover the cost of keys and thermometers, and as a guarantee that he will serve the full two weeks.*

Students are expected to report at 9 *a. m. on the day assigned for the beginning of their service. Comfortable lodgings will be furnished at the hospital free of charge; board can be obtained from restaurants in the neighborhood.*

The Hospital supplies all necessary instruments, drugs and dressings free of charge.

Instruction is given by the Attending Physicians and by the Resident Staff at the bedside.

While on duty, students are expected to give their entire time to the Hospital.

The course is open to graduates and students actively engaged in the study of medicine.

Instruction is given during the entire year.

There is, in addition to the regular course, a course of one month's duration, designed only for graduates in medicine. Special opportunity will be given those taking this course to witness and assist at abnormal and operative cases. The Hospital has fitted up a separate apartment for the accommodation of those desiring this course. The fee is $50.

Female graduates and students are admitted under the same conditions as the above, there being, however, accommodations for a limited number only.

The administration building of the Hospital is situated within the immediate neighborhood of the Grand Street stations of the Third and Second Avenue elevated railroads, and is readily accessible by means of the Second, Third and Fourth Avenue, and Houston Street lines of the surface roads.

For further information, address

CHARLES FORD,
Superintendent.

N. B.—During the period from January 1, 1892, to April 1, 1893, the following physicians served on the house staff in addition to those already mentioned:

RESIDENT PHYSICIAN.

W. N. Boynton, M. D.

ASSISTANT RESIDENT PHYSICIANS.

F. S. Pickett, M. D.
J. F. Scott, M. D.
H. P. Taylor, M. D.
W. H. Salter, M. D.
F. H. Bermingham, M. D.
E. G. Carleton, M. D.
J. W. Wood.
W. H. Hagenbuch, M. D.
H. A. James, M. D.
C. A. Whitney, M. D.
S. E. Maynard, M. D.
Charles James, M. D.
Y. K. Tsao, M. D.
J. K. Dorsey, M. D.

SOCIETY

OF THE

LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

REPORT,

WITH HISTORICAL SKETCH.

1893.

NEW YORK:
MARTIN B. BROWN, PRINTER AND STATIONER,
Nos. 49 AND 51 PARK PLACE.
1893.

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OF THE

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GOVERNORS.

Egerton L. Winthrop.
George G. Williams.
Frederic Bronson.
Charles E. Tracy.
Robert Lenox Belknap.
John A. Weekes.
William A. Duer.
Edmund L. Baylies.
Egerton L. Winthrop, Jr.
F. Delano Weekes.
Henry A. C. Taylor.
George B. McClellan.

President,
John A. Weekes.

Vice-President,
William A. Duer.

Treasurer,
Robert Lenox Belknap.

Secretary,
F. Delano Weekes.

Standing Committees.

EXECUTIVE.

William A. Duer, *Chairman.*
F. Delano Weekes, *Secretary.*
Frederic Bronson, Robert Lenox Belknap,
Edmund L. Baylies.

FINANCE.

George G. Williams, Henry A. C. Taylor.
Egerton L. Winthrop.

INSPECTING.

John A. Weekes, Egerton L. Winthrop.

NOMINATING.

Egerton L. Winthrop, Jr.,
Charles E. Tracy, George B. McClellan.

MEDICAL BOARD.

CONSULTING PHYSICIANS.

Edward W. Lambert, M. D.
Thomas M. Markoe, M. D.
William M. Polk, M. D.
William T. Lusk, M. D.

ATTENDING PHYSICIANS.

James W. Markoe, M. D.
Samuel W. Lambert, M. D.
H. McM. Painter, M. D.
Austin Flint, Jr., M. D.
J. Clifton Edgar, M. D.

RESIDENT PHYSICIAN.

H. A. James, M. D.

ASSISTANT RESIDENT PHYSICIANS.

J. R. Kelly, M. D.
T. F. McCarthy, M. D.
H. D. Dow, M. D.
D. McCartie, M. D.
H. C. Hazen, M. D.
J. L. New, M. D.

REGISTRAR.

H. McM. Painter, M. D.

ASSISTANT REGISTRAR.

A. B. Davis, M. D.

PATHOLOGIST.

FARQUHAR FERGUSON, M. D.

EMBRYOLOGIST.

GEORGE S. HUNTINGTON, M. D.

ORTHOPÆDIC SURGEON.

T. HALSTED MYERS, M. D.

BACTERIOLOGIST.

D. H. MCALPIN, JR., M. D.

Superintendent,

CHARLES FORD.

Register's Clerk.

JOHN F. CRAMER.

Hospital.

No. 314 BROOME STREET.

REPORT

OF THE

Society of the Lying-in Hospital of the City of New York.

This society was incorporated under an act of the Legislature of New York passed March 1, 1799, to give aid to poor women in childbirth.

An historical sketch of the society was published some years ago, and is now reprinted and its history continued and published with the report.

In New York City during 1891, there were 46,854 births. Of these, 24,134 were cared for by private physicians. There remain 22,720 women who have been left to the tender mercies of unskilled midwives, and who need the care of some thorough system of scientific and aseptic midwifery. To help this neglected class of women, and to furnish better instruction in obstetrics to medical students, the Midwifery Dispensary was started and a site was chosen in the centre of the most populated district of the city, at No. 312 Broome Street.

The expenses of the Dispensary were paid by voluntary contributions, and as the need increased the expenses necessarily increased also.

In answer to an appeal from the Dispensary, the Society of the Lying-in Hospital decided to apply certain portions of its income for the aid of women in confinement under the auspices of the Midwifery Dispensary until August, 1892, when it was finally decided to

absorb the Midwifery Dispensary so that the work carried on by it might be carried on by the Society.

The result has been that the Society has hired a building, No. 314 Broome street, New York City, which it has furnished and fitted up for the purpose of an asylum, or headquarters from which aid may be given to women in confinement at their own homes. The patients are charged such a sum for the services rendered as they are able to pay, but in case they are deserving and not in such circumstances as to allow them to pay, the services are rendered gratis. A medical board has been appointed consisting of the following Consulting Physicians, Edward W. Lambert, Thomas M. Markoe, William T. Lusk, William M. Polk, and the following Attending Physicians, James W. Markoe, Samuel W. Lambert, H. McM. Painter, Austin Flint, Jr., and J. Clifton Edgar. At the asylum is a superintendent, registrar, resident physician and other officers necessary to carry on the work of the Society.

The practice is to receive applications from women expecting to be confined, and to attend the patients at their homes, thus avoiding any danger from puerperal fever and other risks attending such cases.

During the period between the 1st of January, 1892, and April, 1893, there have been 3,303 applications from women, and there have been 2,583 confinements, either made under the care of the Society or of the Midwifery Dispensary, its predecessor in the work.

The work of the Society is among a class of the population who are unwilling or unable to go to hospitals for treatment, and who, but for the care given by the officers of the Society, would depend for aid upon midwives or others not competent to give careful treatment.

The applications have increased very much since the time the Midwifery Dispensary was organized and began work in 1890, and is only now restricted by the means of the Society, the income of which is limited.

House pupils or students are allowed to accompany the physicians in labor cases and are given instruction respecting them, thus offering them practical knowledge respecting the confinement of women. This system of instruction is more fully explained in the Medical Report on page 13.

Particular attention is called to the charter of the society, the sketch of its history and the work which has been carried on by it or under its auspices during the past year, as it is thereby shown what work the society has done among the poorer classes of the inhabitants of this city.

The society has invested a sum of money sufficient to carry on its work, as it has been done during the past year, but as the usefulness of the society and the aid it extends to the poorer classes become known, its work and usefulness can be greatly increased, and that usefulness and aid will only be limited by the means of the society to carry out the work.

It is hoped that in the future the means of the Society may be enlarged so that a proper building can be erected for a post-graduate course of practical study in labor cases, thus giving the graduates of the medical colleges practical knowledge of matters respecting their profession which otherwise they would only obtain in their practice.

Annexed to this report is a statement respecting the expenditures during the past year, the report from the Medical Board, the by-laws of the Society, together with the Rules governing the Students.

New York, April 30, 1893.

John A. Weekes,
President.

F. Delano Weekes,
Secretary.

MEDICAL REPORT.

NEW YORK, May 6, 1893.

To the Governors of the Lying-in Hospital of the City of New York:

GENTLEMEN—The condition of the Medical Department of the Hospital shows a marked progrees in all its branches during the past year. The actual increase in the charitable work of the Hospital is best shown by the fact that 2,071 women were attended in 1892, as against 955 women in 1891.

It has been the custom of the Lying-in Hospital to make its annual report on the first of April, while the two reports of the Midwifery Dispensary have been issued on January 1st. As it is now deemed advisable that all reports of the Lying-in Hospital should heredate from April 1st, this report will cover a period of fifteen months.

Applications.

1892.	
January	198
February	204
March	216
April	203
May	202
June	218
July	257
August	243
September	232
October	223
November	231
December	270
1893.	
January	225
February	187
March	194
Total	3,303

Attendance.

1892.	
January	157
February	143
March	166
April	166
May	152
June	169
July	171
August	189
September	199
October	203
November	155
December	201
1893.	
January	177
February	153
March	182
Total	2,583

From the above facts it will be seen that this Hospital is extending its sphere of usefulness in its work of actual medical attendance upon women in child-bed with a remarkable rapidity and most satisfactorily.

In that part of the work of the Hospital looking toward the improvement of obstetrical education among the medical students and practitioners of this country, the progress is equally marked and gratifying. The course of instruction has been made more thorough and efficient. In addition to the regular course of two weeks, opportunity is now offered for advanced work in obstetrics in courses of longer or shorter duration, as may be desired by the applicant.

Two lectures are given each week by the attending physician on duty on the general subject of the management of obstetric cases and the practical importance of surgical cleanliness. At these lectures the different cases of the past week are reviewed upon the manikin and current subjects of special interest are developed more fully than is possible at the bedside.

The number of medical men and students in medicine who have availed themselves of the course of instruc-

tion provided at the Hospital has more than doubled. The actual number instructed in 1890 was 62; in 1891, 243; in 1892, 360.

The recording of the daily observations on the proper blanks for permanent record is now under the supervision of the Assistant Registrar, who visits the Hospital at least four times a week and personally directs the pupils in this important branch of instruction.

The resident staff of physicians have performed their duties, which often are arduous and harrassing, in a most painstaking and efficient manner. It is a pleasure to the Medical Board to commend them to the Governors for their zeal in working for the best interests of the Hospital.

The remarkable increase in our work which has been developed by combining obstetric teaching with the care of lying-in women in the tenement-houses, has given the Lying-in Hospital of the City of New York, the largest midwifery service in the United States. It is not right that such an institution should have its home in a common tenement-house; it is not right that its benevolence, which extends directly to hundreds of helpless households in New York City, hitherto at the mercy of ignorant, self-styled midwives, and also indirectly to hundreds of homes throughout the country by means of the pupils whom the Hospital is instructing, should be hampered and restricted by inadequate facilities for executive work and for teaching.

We are, at present, quartered in a five-story tenement-house in which the small rooms and the absurd distribution of space are a decided hinderance to the growth and developement of the work.

It seems to your Medical Board that our great necessity—a building especially constructed to meet our peculiar needs—should be secured at the earliest possible moment.

Respectfully submitted,

EDW'D W. LAMBERT,
Chairman, Medical Board.

TREASURER'S REPORT.

The Society of the Lying-in Hospital, Account of Current Expenses from June 1, 1892, *to April* 12, 1893.

Dr.		Cr.	
To Balance, June 1, 1892	$24,300 90	By Expenses of Hospital and Dispensary, expended under supervision of Committee of Managers	$13,691 29
To Income from Investments	10,979 65	By Investment	2,000 00
To Pay Patients and Students, Hospital and Dispensary	1,151 96	By Balance	20,771 22
To Subscriptions to Membership	30 00		
	$36,462 51		$36,462 51

E. & O. E.

(Signed) ROBERT LENOX BELKNAP,
Treasurer.

New York, May 17, 1893.

We have examined the foregoing account, with the vouchers, and find the same to be correct. We have also counted and examined the securities, and find them all in good order.

(Signed) F. Bronson,
(Signed) F. Delano Weekes, } *Auditing Committee.*

BY-LAWS.

1892.

CHAPTER I.

Election of Governors.

§ 1. The time for electing Governors on the day prescribed by the Charter, or for filling a vacancy among the Governors, shall be from nine to ten o'clock in the forenoon; and the place shall from time to time be appointed by the Board.

§ 2. Inspectors of the Election shall be appointed by the Board, and they shall attend the election and certify the result in writing, which certificate shall be presented to the Board and recorded in its minutes.

§ 3. Every person subscribing to the funds of the Society a sum not less than Five Dollars, provided his subscription be accepted by the Board, shall be deemed and taken for a member of this Corporation.

§ 4. No person shall be eligible for the office of Governor unless he shall have so subscribed to the funds of the Society, at least three months previous to an election.

CHAPTER II.

§ 1. If any Governor shall be absent from three successive stated meetings of the Board, or from three successive stated meetings of any committee of which he shall be a member, his place as Governor may be vacated.

CHAPTER III.

Meetings of Governors.

§ 1. The Board of Governors shall hold stated meetings on the second Wednesday of each month. The hour and place of meeting shall from time to time be appointed by the Board.

§ 2. Special meetings may be called by the President, or in his absence by the Vice-President, or on a written requisition of two Governors.

§ 3. A number of not less than five shall be a quorum for the transaction of ordinary business; but for the appropriation or disposal of any of the property or money of the Society, except for the payment of necessary expenses, a number not less than seven shall be necessary to constitute a quorum, of which number the President, or in his absence, the Vice-President, shall be one.

§ 4. At the stated meeting in April, each year, the Board shall elect from its number, by ballot, the President, Vice-President, Treasurer and Secretary, and shall appoint the following standing committees, namely:

1. A Finance Committee, to consist of three Governors.
2. An Executive Committee, to consist of five Governors.
3. An Inspecting Committee, to consist of two Governors.
4. A Committee on Nominations, to consist of three Governors, to whom shall be referred the names of all candidates who may be proposed for election to the office of Governor, and of all nominations for vacancies occurring in any of the other offices of the Society, whenever they may occur.

5. A Superintendent of the Asylum, and all other officers and employees, and the Board may from time to time fill vacancies occurring in such offices and employment.

§ 5. The following shall be the order of business at the meetings of the Board:

1. Reading of the Minutes of last meeting.
2. Reading of the Minutes of Standing Committees.
3. Reports of officers of the Board.
4. Reports of Standing or Special Committees.
5. Unfinished business.
6. Miscellaneous business.

CHAPTER IV.

Duties of Officers.

§ 1. The President or Vice-President, together with the Secretary, may, upon the payment of the principal and interest of any Bond and Mortgage held by the Society, execute a certificate of satisfaction thereof, or an assignment of the same without recourse.

§ 2. The Treasurer shall have the custody of the funds of the Society, which shall be deposited in a Bank or Trust Company to be designated by the Board, and he is authorized to receive the interest or dividends on all securities and to give receipt therefor. In case of his absence or disability, the President or Vice-President is authorized to receive such interest or dividends.

§ 3. The Treasurer shall keep books of account, and at each stated meeting shall make a report of the several sums by him received and expended.

§ 4. The Secretary shall have the custody of the records and papers of the Society, other than the securities; he shall keep fair and accurate minutes of the proceedings of the Board, and notify the Governors of the meetings. He shall cause notice of the election for Governors to be published as required by the Charter. He shall have the custody of the corporate seal of the Society.

CHAPTER V.

Finance Committee.

§ 1. The Finance Committee shall, from time to time, give directions to the Treasurer in regard to the investment of the funds of the Society, and no change shall be made in any investment without the authority of the said Committee. They shall as often as once in six months examine the Treasurer's accounts and make a report to the Board of the condition of the finances of the Society.

CHAPTER VI.

Custody of Securities.

§ 1. All securities shall be kept in a Safe Deposit Company to be selected by the Board, to which access shall be obtained by the Treasurer when accompanied by a member of the Finance Committee.

§ 2. A Record Book shall be kept, in which all visits to the safe deposit box shall be entered, with full particulars of the object of the visit. This entry shall be signed by the visitors, and the Record Book shall be submitted to the Board at each meeting.

CHAPTER VII.

Executive Committee.

§ 1. The Executive Committee shall have the general charge, control and superintendence of the Asylum, and of all other buildings and improvements belonging to this corporation, and of all the departments, officers, employees and inmates thereof, subject always to the orders, rules and regulations of the Board of Governors; and shall hold stated meeting at least once in each month and as often as the exigencies of business may require.

§ 2. They shall make such rules and regulations as they, from time to time, may judge proper for their own government and that of the Officers, Physicians, House Staff, nurses and patients, employees and inmates, provided the same are not inconsistent with the Charter or By-Laws of this corporation; and they shall enter the same at length upon their minutes and any alteration or change thereof. The Board of Governors may, at any meeting, by resolution direct any such change.

§ 3. The admission of patients shall be entirely under the control of the Executive Committee, and they shall receive or reject applicants as in their discretion they may think advisable, having regard to the existing circumstances of the Asylum; but no person shall be admitted without a previous examination by one of the Physicians, or by a House Physician.

§ 4. They shall direct and control the purchase of all supplies, audit the bills on receiving them from the Treasurer's office, and make a draft on the Treasurer for the amount of the same. At their succeeding meeting they are to examine all such bills to see that they are duly receipted.

§ 5. They shall keep a book of minutes, and enter therein such business as may come before them, which book must be laid before the Governors at every monthly meeting.

§ 6. The Committee may direct the Superintendent to give some relief, in money or clothes, to patients who, from extreme poverty or circumstances of peculiar distress, may need such aid.

§ 7. They shall frequently remind the Superintendent and other officers of the house of the necessity of attention, economy, cleanliness and good conduct in the discharge of their several duties.

§ 8. Whenever they think it necessary that a special meeting of the Governors should be called, they shall apply for that purpose to the President, or in his absence to the Vice-President. In the absence or inability of both to act, such meetings may be called by the Chairman of the Executive Committee.

§ 9. In case any Physician, medical attendant, nurse or officer of the house, shall neglect any of their prescribed duties, or refuse to comply with any reasonable request of the Executive Committee or Superintendent, the Executive Committee may suspend the offender, and report the case to the next monthly meeting of the Governors, and the vacancy, in the meantime, shall be supplied by such person as the Committee may appoint.

§ 10. They shall see that all such repairs and alterations as are directed by the Governors be faithfully and economically executed. No expenditure exceeding the sum of one hundred dollars for repairs or improvements shall be made by the Committee unless by authority of the Board.

§ 11. No Physician, officer, nurse or servant of this

Institution shall accept any gift or bequest from or on behalf of any patient.

§ 12. They shall appoint, subject to the order and approval of the Board, and at such salaries as it may direct, such additional officers and servants as may be necessary for the proper conduct of the work of the Institution, and may discharge the same at pleasure.

CHAPTER VIII.

Inspecting Committee.

§ 1. The Inspecting Committee shall serve two months, a member of the Committee to be appointed at each monthly meeting in place of the one whose term of service shall then expire.

§ 2. It shall be the duty of the Inspecting Committee to inquire whether the By-Laws and regulations of the Governors, relative to the management and economy of the Asylum. are carried into effect.

§ 3. The Committee shall meet at least once in each week. They shall enter in a book of minutes, to be kept for that purpose, the times of their visits of inspection, and their proceedings and observations relative to all the objects of their appointment, which book shall be laid before the Governors at every monthly meeting, and also before the Executive Committee at their regular meetings.

CHAPTER IX.

Physicians.

§ 1. There shall be four Consulting Physicians appointed by the Board of Governors, to hold office during its pleasure. They shall be exempt from continual attendance, but shall be considered as counselors.

§ 2. There shall be five Attending Physicians appointed by the Governors, on the nomination of the Consulting Physicians, to hold office for one year.

§ 3. Neither the Consulting nor Attending Physicians shall receive any salary.

§ 4. The Attending Physicians, together with the Consulting Physicians, shall constitute the "Medical Board of the Lying-in-Hospital," and shall organize as such by the appointment of a President and Secretary, and such other officers as they may deem proper.

§ 5. The Medical Board shall have the general supervision of the Asylum, and of the Superintendent, Resident Physicians, Assistant Resident Physicians, House Pupils and others employed at the Asylum, and shall have power to remove any of these persons and appoint others in their places, subject to the approval of the Executive Committee.

§ 6. They shall hold stated meetings at least once in each month, and shall make such arrangement among themselves that the Asylum may be attended in the manner hereinafter directed.

§ 7. The divisions of the medical service shall be in such manner as the Board of Governors may, from time to time, by resolution direct. The assignment of the Attending Physicians to duty shall be under the direction of the Executive Committee. Each Attending Physician on duty shall visit the Asylum daily, and oftener when necessary.

§ 8. It shall be the duty of the Attending Physicians, during their respective terms of attendance, to prescribe and direct the treatment of all the patients under their care; but in case of emergency, admitting of no delay, the Attending Physician being absent, the Resident Physician may prescribe and report to the Attending Physician at his first visit.

§ 9. If any Attending Physician shall be prevented from attending in his turn, he shall procure one of the other Attending Physicians belonging to the Asylum to attend in his stead.

§ 10. It shall be the express duty of the Attending Physicians to guard against any examinations of patients by Pupils, except under their own direction, and against all acts calculated to alarm or injure the patients.

§ 11. The Medical Board may appoint such Physicians as the Board of Governors may from time to time by resolution direct, to serve on the House Staff, and in such other departments of the Asylum as the Board of Governors may indicate, but all persons so appointed may be removed at any time by the Executive Committee, with the approval of the Board of Governors.

CHAPTER X.

Amendments to By-Laws.

§ 1. Any alteration or amendment of these By-Laws must be proposed in writing at a stated meeting of the Governors, but cannot be acted upon until a subsequent stated meeting, when the same may be adopted, provided a majority of the Governors shall approve thereof.

§. 2 These By-Laws shall take effect immediately, and all other By-Laws of the Society are repealed.

RULES

THAT GOVERN THE

ATTENDING PHYSICIANS, SUPERINTENDENT, RESIDENT PHYSICIAN, ASSISTANT RESIDENT PHYSICIANS, MEDICAL CLERK AND ASSISTANT MEDICAL RESISTRAR.

1893.

I. Rules for the Attending Physicians.

1. They shall serve in regular rotation for periods of four weeks—the first two weeks as Regular Attending, the second two weeks as Septic Attending. The week shall be considered as beginning and terminating on Friday, at twelve o'clock P. M.

2. (*a*) The Attending Physician on regular duty shall visit the Hospital daily, and shall sign the attendance-book, stating hour of arrival and departure.

(*b*) He shall daily receive a report of the past twenty-four hours from the Resident Physician.

(*c*) He shall visit any case presenting a complication, in company with the Resident Physician or the Assistant having charge of such case.

(*d*) He shall, at his discretion, cause notice to be sent to each of the other Attending Physicians in cases of sufficient interest.

(*e*) He shall oversee the instruction given to the Pupils, and shall personally do as much of this instruction as he may deem necessary.

(*f*) He shall have general oversight of the work of the Superintendent, the Resident and Assistant Resident Physicians, the Nurses and of the Pupils, and may suspend or otherwise discipline them, subject to the approval of the Medical Board and the Board of Governors.

(*g*) He shall deliver lectures each week in the lecture-room of the Hospital upon the subjects prescribed by the Medical Board.

(*h*) He shall make a weekly report to the Medical Board concerning his term of service on the blanks provided for that purpose.

(*i*) He shall determine when the Septic Attending shall be called, and what cases it is necessary to refer to him.

3. (*a*) The Attending Physician on septic duty shall not be required to visit the Hospital unless he shall be specially notified by the regular Attending Physician.

(*b*) He shall take personal charge of all cases presenting any symptoms of Septic infection thus referred to him.

(*c*) He shall make a weekly report to the Medical Board concerning the cases referred to him.

(*d*) He shall be assisted in his work by some Assistant or Pupil isolated from normal cases by the Attending Physician.

4. Any Attending Physician may retain any case after operation, or any post-partum case of especial interest, after his term of service is over, and not transfer the same to his successor; and any case once operated upon by an Attending Physician must always be referred to that same Physician for operation, if it be required in subsequent labors.

5. The Attending Physician next on the list shall take the service of the Attending Physician on regular duty, and the Attending Physician last on septic duty shall take the service of the Attending Physician on septic duty whenever either is incapacitated from serving by illness, or from other cause; and it shall be the duty of the Attending so prevented, promptly to notify his succesor.

6. The Attending Physicians shall serve in rotation as Registrar for one year.

7. (*a*) The Registrar shall oversee the work of the Assistant Registrar and of the Medical Clerk.

(*b*) The Registrar shall compile the annual report to the Board of Governors and the statistical analysis of the year's work.

II. Rules for the Assistant Medical Registrar.

1. He shall be a regular graduate in medicine and shall be appointed by the Medical Board.

2. He shall inspect and correct the written histories, and shall sign with his initials the daily notes made by the Pupils.

3. He shall have general oversight of the Medical Clerk.

4. He shall assume all the duties of the Attending Physician whenever called upon to do so.

5. He shall be responsible to the Medical Board as represented by that member who holds the office of Registrar.

6. He shall perform such other duties as the Medical Board may direct.

III. Rules for the Resident Physician.

1. He shall be a regular graduate of medicine, and shall be appointed for a period of one year.

2. He shall reside at the Hospital and shall board in the neighborhood at his own expense.

3. (*a*) He shall not be absent at the usual hours of attendance of the Attending Physician, unless in the service of the hospital.

(*b*) He shall hold office hours from 11 A. M. to 3 P. M. for the purpose of receiving applications of patients.

(*c*) Whenever he intends to leave the premises, he shall state in writing where he may be found, always placing an Assistant in charge during his absence.

(*d*) When absent from the premises other than in the service of the Hospital, he shall record in the staff book the hour of his departure and return, always placing an Assistant in charge.

(*e*) He shall not leave the city without the consent of the Attending Physician, and shall never sleep out of the house.

(*f*) He shall be entitled to a vacation of two weeks in each six months, but shall be required to provide a satisfactory substitute during his absence.

4. He shall attend to no other business than that of the Hospital, nor shall he engage in private practice for his own account.

5. He shall superintend the instruction of each Pupil at the bedside.

6. He shall each day assign each Pupil the work to be done by him, and shall hold each Pupil responsible

for the proper performance of the work assigned to him.

7. In any case requiring operative interference, or in any abnormal position or presentation, he shall immediately summon the Attending Physician on duty, in the meantime doing only that which he deems absolutely necessary for the safety of the mother or child.

8. He shall daily correct and review the records taken by the Pupils, and shall exhibit them to the Registrar at his visits.

9. He shall record the required facts in the application-book for patients.

He shall keep upon the proper cards a monthly record of all cases delivered, and another of all operations performed, and shall each day hand to the Superintendent the case blanks properly filled out.

10. He shall endeavor to collect from every patient a fee commensurate with the surroundings and income of the patient or her husband.

11. He shall fill out and sign the necessary certificates of births, still-births and deaths, and forward them to the Board of Health as required by law.

IV. Rules for the Assistant Resident Physicians.

1. They shall be regular graduates in medicine, and shall be appointed for a period of six months.

2. They shall reside at the dispensary and shall board in the neighborhood at their own expense.

(*b*) They shall not leave the city without the consent of the Attending Physician on duty, and shall never sleep out of the house.

(c) They shall attend to no other business than that of the dispensary, nor shall they engage in private practice for their own account.

(d) They shall be entitled to two weeks' vacation, but must furnish, during their absence, a substitute who shall be acceptable to the Attending Physician on duty.

(e) When absent from the premises otherwise than in the service of the Dispensary they shall record in the staff book the hour of their departure and their return, and shall report personally to the Resident Physician when they leave and when they return to duty.

3. They shall be under the direction of the Resident Physician, and shall assist him in the instruction of the Pupils and in the treatment of the patients in any manner that the Resident Physician may direct.

4. During the absence of the Resident Physician, the Assistant Resident Physician left in charge shall assume all the duties and responsibilities of the former.

Rules for Superintendent.

1. The Superintendent shall be appointed by the Board of Governors, and shall visit the Hospital daily, at such hours and for such length of time as the Executive Committee shall, from time to time prescribe ; and shall have charge of the Hospital and all the premises, and shall see that the regulations of the Governors and of the Executive Committee and Inspecting Committee are carried into effect.

2. It shall be his duty to admit patients into the Asylum, subject to the rules and orders made by the Executive Committee. He may admit temporarily, during the recess of the Committee, cases of emergency without pay, but he shall report such cases in detail at the succeeding meeting of the Executive Committee,

who shall decide whether they may remain or not. Any Governor or member of the Medical Board may direct in writing the admission of a patient, subject likewise to the decision of the Executive Committee at its next meeting.

3. He shall collect and receive all dues from Pupils and patients, and he shall exhibit an account of all moneys coming into his hands to the Executive Committee at their regular meetings. Money or other valuables belonging to Pupils and patients which he may receive shall be kept in a safe provided therefor, at the risk, however, of the owner.

4. He shall have charge of all instruments and surgical apparatus and keep catalogues of the same, and shall not loan them to be used outside the service of the Hospital.

5. He shall keep a record of the work done by each Pupil, and distribute certificates to those entitled to receive them, and he shall record in the proper book all certificates given out.

6. He shall inspect daily the entire Hospital.

7. He shall receive applications from Pupils, and receive their prescribed fees in advance, and shall require them to read and sign the rules for Pupils.

8. He shall perform such other duties as the Executive Committee, or the Medical Board, with its approbation, may request.

Rules for the Medical Clerk.

1. The Clerk shall be at the Hospital daily, except Sunday, from 9 A. M. till 5 P. M.

2. He shall be under the supervision and direction

of the Medical Board as represented by the Registrar and the Assistant Registrar.

3. He shall compile the statistical records of the Hospital, and shall have charge of the finished histories, and prepare the same for binding.

4. He shall do such other work as the Medical Board may direct.

Rules for Nurses.

1. The Nurses shall be appointed by the Governors on the nomination of the Medical Board, and shall receive the salaries determined by the Board of Governors.

2. They shall be entitled to two weeks' vacation in each six months, but must furnish a satisfactory substitute during that period.

3. They shall prepare all dressings and cleanse and refill the labor and post-partum bags after each using.

4. They shall assist in making ante-partum examinations in the examining room.

5. They shall assist at operative cases when required to do so by the Attending or Resident Physicians.

6. They shall reside in the house and shall board themselves at their own expense.

7. Their hours of service and of recreation, and all details of their work, shall be under the supervision of the Superintendent.

Rules for the Pupils.

1. Each Pupil shall, before going on duty, pay to the Superintendent the prescribed fee, and will, in

return, receive a card which will entitle him to reside at the Hospital and receive the regular instruction for the period of two weeks. Students or graduates wishing to remain a longer or a shorter period of time will be allowed to make special contracts, subject to the approval of the executive committee.

2. Any Pupil wishing to leave the Hospital before his allotted term of service has expired, must notify the Attending Physician on duty at least forty-eight hours before leaving, in order that a substitute may be provided.

3. Any Pupil may be denied the use of the Hospital at the discretion of the Attending Physician.

4. All Pupils shall be under the direct control of the Resident Physician in all particulars pertaining to the medical work of the Hospital.

5. No Pupil shall remain away from the Hospital all night, except in the discharge of his duty. He shall board, at his own expense, in the neighborhood, always reporting to the Resident Physician or his Assistant before leaving for and on returning from his meals.

6. Pupils shall be assigned cases in turn, and once assigned shall not be transferred. If the Pupil on turn be out on the duty of the Hospital and a case come in, he shall lose the case but not his turn; but if he be absent on his own pleasure, he shall lose both the case and his turn. A case thus transferred goes to the Pupil next on the list who may be in the house

7. No Pupil shall be present at any labor not falling to him in turn, except in the case of operations, and only in such cases as the Attending Physician shall direct.

8. Each Pupil shall visit twice daily, or oftener if necessary, post-partum cases assigned to him, and also

such other cases as the Resident Physician shall direct. He shall, at these visits, observe the strictest antisepsis, and shall report the patient's condition to the Resident Physician after each visit.

9. All Pupils, on returning from a case, shall immediately make the entry of their notes upon the proper blanks provided by the Hospital.

10. No Pupil, while in performance of his duties, shall advise or prescribe for any patient who may apply to him.

11. No Pupil shall perform any obstetric operation, nor interfere with any mal-presentation, nor give an intra-uterine douche; but if he deem such interference necessary he shall send immediately to the Hospital for assistance.

12. The Hospital shall furnish clinical thermometers, tape measures, and hospital keys to Pupils on receipt of the prescribed deposit, and Pupils shall be responsible for the return of these articles in good condition

13. Pupils, when sending to the Hospital for help, shall invariably fill out the blanks provided for that purpose, being particular to note the time and reason for sending.

14. Pupils shall, at the discretion of the Attending Physician on duty, be isolated from attending normal cases of labor, to attend any septic case that may arise.

15. No Pupil shall receive personal remuneration from a patient under any circumstances.

16. Each Pupil shall, before going on duty, deposit with the Superintendent the sum of ten dollars as

security for the cost of keys, thermometer, and as a guarantee that he will serve his full fourteen days. This deposit will be forfeited in case the Pupil leaves or is dismissed before the end of his full term of service. Any Pupil may be dismissed by the Resident Physician, subject to the approval of the Medical Board.

17. The term of service of each Pupil shall be from 9 o'clock A.M. on the date of appointment until 12 o'clock noon of the 15th day thereafter, or until he shall have made, reported and recorded his post-partem calls for that day.

18. Each pupil at the termination of his service, provided he shall have performed his duties faithfully and for the full time of his appointment, to the satisfaction of the Medical Board and of the Governors, may receive from them a certificate thereof.

Rules for Graduate Pupils.

1893.

1. Each Graduate Pupil shall, before going on duty, pay to the Superintendent the prescribed fee, which will entitle him to reside at the Hospital and receive the regular instruction for the period of one month.

Students or Graduates wishing to remain a longer or a shorter period of time will be allowed to make special contracts, subject to the approval of the executive committee.

2. Any Graduate Pupil wishing to leave the Hospital before his allotted term of service has expired, must notify the Attending Physician on duty at least forty-eight hours before leaving, in order that a substitute may be provided.

3. Any Graduate Pupil may be denied the use of the Hospital at the discretion of the Attending Physician.

4. All Graduate Pupils shall be under the direct control of the Resident Physician in all particulars pertaining to the medical work of the Hospital.

5. No Graduate Pupil shall remain away from the Hospital all night, except in the discharge of his duty. He shall board, at his own expense, in the neighborhood, always reporting to the Resident Physician or his assistant before leaving for and on returning from his meals.

6. Cases will be given him in regular rotation with the House Pupils, but he may at his discretion forfeit his turn, but once having undertaken a case he must carry it until it is discharged.

7. He shall visit each case twice daily for the first three days, and then once a day, or oftener if necessary, until the ninth day or as long as the case may require attention.

8. He shall, at these visits, observe the strictest antisepsis, and shall report the patient's condition to the Resident Physician after each visit. He must take charge of at least fifteen cases during the month of service

9. All Graduate Pupils, on returning from a case, shall immediately make the entry of their notes upon the proper blanks provided by the Hospital

10. No Graduate Pupil, while in performance of his duties, shall advise or prescribe for any patient who may apply to him.

11. No Graduate Pupil shall perform any obstetric operation, nor interfere with any mal-presentation, nor give an intra-uterine douche; but if he deem such interference necessary he shall send immediately to the Hospital for assistance.

12. The Hospital shall furnish clinical thermometers, tape measures and Hospital keys to Pupils on receipt of the prescribed deposit, and Pupils shall be responsible for the return of these articles in good condition.

13. Graduate Pupils, when sending to the Hospital for help, shall invariably fill out the blanks provided for that purpose, being particular to note the time and reason for sending.

14. The Attending Physician on duty may at his discretion allow him to perform such operations as may be required in his case.

15. No Graduate Pupil shall receive personal remuneration from a patient under any circumstances.

16. Each Graduate Pupil shall, before going on duty, deposit with the Superintendent the sum of ten dollars as security for the cost of keys, thermometer, and as a guarantee that he will attend fifteen cases, and serve his full month. This deposit will be forfeited in case the Pupil leaves or is dismissed before the end of his full term of service. Any Pupil may be dismissed by the Attending Physician, subject to the approval of the Medical Board.

17. Graduate Pupils taking this course must agree not to engage in any surgical or septic work.

18. Each Graduate Pupil at the termination of his service, provided he shall have performed his duties faithfully and for the full time of his appointment, to the satisfaction of the Medical Board and the Governors, may receive from them a certificate thereof.

HISTORICAL SKETCH.

(Reprinted.)

This Institution was established to afford an asylum to pregnant women destitute of the means of support, and unable to procure proper medical assistance and nursing during the period of their confinement in childbed.

The poor constitute an important portion of almost every large community, and consequently have a powerful claim upon the assistance of the wealthy. At all times there are many persons of the description just mentioned, as the special objects of this charity; and though individual liberality in many instances had been manifested to obviate and remedy the evils under which they labored, yet it was not until 1798 that an attempt was made to provide a suitable establishment for their reception and relief. The dreadful mortality which accompanied the yellow fever, as it prevailed in this city in the summer of that year, and the great distress consequent thereon, operated with peculiar severity upon the laboring poor; and many women, being bereft of their husbands, were rendered wretched under the accumulated evils of grief and poverty.

As New York, though already pre-eminently distinguished for its charitable institutions, did not afford any provision for this class of the poor, the present occasion was deemed proper to project an establishment for this purpose. Accordingly, in the ensuing October (1798), a subscription was set on foot by Dr. David Hosack, which received a liberal patronage.

The following is a copy of the appeal, with a list of the original subscribers :

"*Proposals for the Establishment of a Lying-in Hospital in the City of New York.*

"The object of this Institution is to afford an asylum "to women in a state of pregnancy who are destitute of "the means of support and who are unable to procure "the necessary medical assistance and nursing during "the period of their confinement.

"At all times there are persons of this description, but "as the poor have been more especially the subjects of "the late calamity in this city, the number will be con- "siderably increased, many women have been bereft of "their husbands, and thereby rendered wretched "under the accumulated evils of grief and poverty.

"New York does not afford any provision for this "class of the poor to whom the hand of charity ought "in an especial manner to be directed, and we trust our "fellow citizens will generally contribute to this im- "portant establishment, by which many lives, both of "women and their children, may be preserved to society "that must otherwise be left to perish.

"When a sufficient subscription shall be obtained to "defray the expenses of the above institution, a "meeting of the subscribers will be called for the pur- "pose of appointing as many governors and directors "as shall be deemed necessary.

"New York, October, 1798."

SUBSCRIPTIONS RECEIVED.

1799.		
February	9, Archibald Gracie.....	$50 00
"	9, John Charlton.....	50 00
"	9, J. C. Vanden Heuvel.....	50 00

1799.			
February,	11,	Mathew Clarkson	$50 00
"	11,	Andrew Morris	50 00
"	11,	Edward Goold	50 00
"	11,	William Jauncey	50 00
"	13,	William Bayard	50 00
"	13,	James M'Evers	20 00
"	14,	Streatfield & Levinus Clarkson	50 00
"	14,	Robert Bird	50 00
"	16,	Herman Le Roy	50 00
"	16,	Isaac Gouverneur	30 00
"	18,	Thomas Buchanan	50 00
"	18,	Daniel McCormick	50 00
"	18,	Jacob Morton	20 00
"	18,	Ephraim Hart	20 00
"	20,	Cornelius Ray	30 00
"	20,	Gulian Verplank	50 00
"	20,	William Ogden	30 00
"	20,	Peter Jay Munroe	30 00
March	19,	Alexander Hamilton	50 00
"	19,	Charles M'Evers, Jr	20 00
"	19,	John Wilkes	20 00
"	19,	Nicholas Gouverneur	50 00
"	19,	Peter P. Goelet	20 00
"	19,	Alexander Macomb	50 00
"	19,	John G. Leake	50 00
"	23,	John Hone	20 00
"	23,	Hay Stevenson	20 00
"	23,	Lemuel Wells	20 00
"	23,	Christian Baehr	20 00
"	23,	Thomas Maule	30 00
"	23,	Stephen Tillinghast	20 00
"	23,	Lebbeus Loomis	10 00
"	23,	William M. Seton	20 00
"	23,	Charles Wilkes	20 00
"	23,	Thomas Pearsall	50 00
"	25,	John Turner, Jr	20 00
"	25,	David A. Ogden	20 00

1799.		
March	25, James Cummings	$20 00
"	25, Freeman Clarkson	25 00
"	25, David Clarkson	20 00
"	25, Phillips & Clarke	40 00
"	25, Abraham M. Walton	20 00
"	25, Joseph Lyon	20 00
"	25, John Thompson	20 00
"	25, John S. Jones	20 00
May	16, Isaac Kibbe	50 00
"	16, Robert Kennedy	50 00
"	16, Andrew Hamersley	30 00
"	16, Daniel D. Tompkins	20 00
June	1, Mrs. Graham	10 00
"	1, Henry Remsen	20 00
"	6, Robertson	30 00
"	7, David M. Clarkson	25 00
"	29, Mary Ellison	20 00
"	29, Mrs. Cortlandt	15 00
"	29, Mrs. J. Cortlandt	10 00
"	29, Sarah Betton	5 00
"	29, Sarah Macomb	20 00
"	29, Mrs. David Hosack	20 00
July	8, William Constable	50 00
"	8, Lynde Catlin	20 00
"	8, Whitehead Fish	20 00
"	8, William and John Hervey	30 00
"	8, John C. Kunze	30 00
"	8, James Morris	20 00
"	8, Joaquim Monteiro	50 00
"	8, Frederick Philipse	50 00
"	8, John Stevens	50 00
August	8, Ann Brown	10 00
"	8, Horatio Gates	30 00
"	8, Jonathan Burrall	20 00
"	8, Mrs. Bruce	15 00
"	8, William Codman	20 00
"	8, William Kenyon	30 00

1799.			
August	8,	Henry Rutgers	$50 00
"	9,	Benjamin W. Rogers	30 00
"	9,	Thomas Allen	10 00
"	9,	John B. Church	50 00
"	9,	Brockholst Livingston	50 00
"	9,	Daniel Ludlow	50 00
"	9,	Henry Masterton	10 00
September	9,	Gulian M'Evers	20 00
"	9,	Martin Wilkins	20 00
"	9,	Nathaniel Prime	20 00
"	9,	Nathaniel Pendleton	30 00
December	21,	By Robert Lenox	200 00
"	28,	John Watts	50 00
"	28,	Mrs. M'Adams	20 00
"	28,	Robert Lenox	25 00
"	28,	Charles Startin	20 00
"	28,	John Bard	20 00
1800.			
January	8,	Abijah Hammond	50 00
"	8,	Nicholas Low	30 00
"	8,	Thomas Stoughton	20 00
"	8,	Alexander Hosack	10 00
"	17,	William Armstrong	20 00
"	17,	Robert Bowne	50 00
"	17,	John Rogers	30 00
"	17,	Samuel Abbot	5 00
"	17,	T. M. Satterthwaite	20 00
"	31,	R. B. Norton	50 00
"	31,	J. Norton	50 00
"	31,	F. De Peyster	50 00
February	15,	John Broome	30 00
"	15,	Peter Hill	20 00
"	15,	John Keese	25 00
"	15,	Stewart & Jones	50 00
"	15,	Dr. Anthon	20 00
"	15,	John R. Livingston	50 00
"	15,	Gerard Walton	30 00

1800.		
February	15, Charles Clarkson	$20 00
"	15, George Warner	20 00
"	15, Samuel Campbell	20 00
March	20, William Edgar	50 00
"	26, Gabriel Furman	10 00
"	26, Isaac Clason	10 00
"	26, Col. Turnbull	10 00
"	26, Harry White	10 00
"	26, Joshua Sands	25 00
"	26, Miles Sherbrooke	10 00
"	26, Paschal N. Smith	10 00
"	28, Thomas Ellison	30 00
"	26, James Arden	25 00
"	26, Thomas Bibby	20 00
"	26, Samuel Borrowe	15 00
"	26, John Slidell	10 00
"	26, Cash received from Dr. Charlton	47 00
"	26, Mrs. Thomas Jones	15 00
"	26, John Goodeve	10 00
"	26, Mrs. Coxe	10 00
"	26, Mrs. Sarah Seaman	10 00
"	26, Mrs. Andrew Morris	10 00
"	26, Mrs. Fitch	10 00
April	21, Jacob Sherred	20 00
"	21, Joseph Sterlitz	20 00
"	21, George Knox	30 00
"	21, Charles L. Cammann	50 00
"	21, John Lasher	10 00
"	21, William Ustick	20 00
May	15, Henry Cruger	30 00
"	15, Dutour Vincendon	3 00
"	16, Dominick Lynch	50 00
"	16, De Witt Clinton	30 00
"	16, John Shaw	20 00
June	5, Hugh Gaine	20 00
"	5, Robert R. Livingston	50 00

1800.			
June	5,	Anthony Steenback	$10 00
"	5,	Abraham Beach	20 00
"	10,	James Griffiths	4 00
July		George Hunter	10 00
"		N. G. Ingraham	10 00
"		Cornelius Stevenson	10 00
"		John C. Shaw	10 00
"		Samuel Lawrence	10 00
"		J. Schieffelin	10 00
"		George J. Eacker	10 00
"		N. Fish	20 00
"		Isaac Moses	20 00
"		Robert Benson	20 00
"		A. Brinkerhoff	20 00
"		Perkins & Whitehouse	30 00
"		Cash	3 00
"		Sarah Caswell	5 00
"		Jurors' fees pr. Jacobus Fine	7 50
August	30,	John Simpson	3 00
"	30,	Abraham Skinner	10 00
"	30,	John Wells	10 00
"	30,	Carey Ludlow	20 00
November	5,	Catherine Lawrence	20 00
"	5,	Richard Riker	20 00
"	5,	Hector Scott	20 00
"	5,	John L. Broome	10 00
"	5,	Thomas Swords	10 00
"	5,	James Swords	10 00
"	5,	Timothy Wood	10 00
"	5,	Cary L. Hamersley	10 00
"	5,	Jonathan Lawrence	10 00
"	5,	Jacob Le Roy	20 00
"	5,	Jonathan Ogden	20 00
"	5,	William Renwick	20 00
"	5,	Caleb Shreeve	5 00
"	5,	Samuel Corp	30 00
"	5,	Daniel Phœnix	20 00

1800.			
November	5,	Philip Ten Eyck	$10 00
"	5,	Charles Debois	15 00
"	5,	Leonard Bleecker	20 00
"	5,	N. J. Bayard	5 00
"	5,	John T. Duryee	20 00
"	5,	J. H. Lawrence	10 00
"	5,	James Stewart	30 00
"	5,	Goodwin & Clark	10 00
"	5,	William Hill	20 00
"	5,	John Patrick	20 00
"	5,	Arnold H. Dohrman	10 00
December		Mr. Sickles	5 00
"		William Neilson	20 00
"		Simon Fleet	3 00
"		Thomas L. Ogden	10 00
"		David Mellenshaw	5 00
"		Samuel Jones	10 00
"		Joshua Jones	10 00
1801.			
January		Samuel Osgood	50 00
"		Peter Curtenius	10 00
1800.			
August	22,	Gahn & Mumford	20 00
"	22,	George Barnewall	20 00
"	22,	James Watson, by D. Charlton	25 00
1802.			
		William Houstoun	20 02

The following call for a meeting of the subscribers was published in the *Commercial Advertiser*, December 4, 1798:

"Lying-in Hospital.

"A meeting of the subscribers to the Lying-in Hospital will be held on Thursday evening (December 6th), at 7 o'clock at the City Tavern.

"N. B.—The subscribers are requested to be punctual in their attendance."

Thomas Pearsall, Sen., Robert Lenox, Dr. J. S. Robertson, Henry Remsen, and Dr. David Hosack, were appointed a Committee to draft a constitution, etc., for the government of the institution.

A further meeting of the subscribers was held in accordance with the following notice, which appeared in the *Commercial Advertiser* of the 21st of December, 1798:

"LYING-IN HOSPITAL.

"The subscribers to the Lying-in Hospital are requested to attend a meeting at the Tontine Coffee House, at 6 o'clock, on Monday the 24th inst.

"N. B.—The subscribers are requested to be punctual in their attendance."

The following Constitution having been drawn up by the Committee and offered to the consideration of the subscribers, the same was duly approved and directed to be executed as soon as a sum of money should be subscribed sufficient to defray the expense of the institution:

CONSTITUTION.

I.—That this institution be known by the name of the New York Lying-in Hospital.

II.—That thirteen persons be elected annually from the subscribers, whose office it shall be to conduct and manage the said Hospital, in manner hereafter declared—to be known by the name and title of the Governors of the New York Lying-in Hospital.

III.—That every person subscribing the sum of twenty dollars be eligible to the office of a Governor.

IV.—That the first election for Governors take place on the third Wednesday of January, next ensuing, to be held at the Tontine Coffee House, at 12 o'clock, of which election public notice shall be given to the subscribers, for the space of one week, in two of the daily newspapers of this city, and that the said Governors be continued in office until the second Wednesday of April, of the year 1800, when a new election shall be made at the hour and place to be appointed by the Governors.

V.—That the election for Governors after the year 1800 be held annually on the second Wednesday of April, at a place and hour to be appointed by the Governors, of which election public notice shall be given, for the space of one week, in two of the daily newspapers of this city.

VI.—That a number not less than five be a quorum for the transaction of ordinary business, and that in the absence of the President and Vice-President a President *pro tempore* shall be elected.

VII.—That for the appropriation or disposal of any of the capital stock a number not less than nine constitute a quorum, of which number the President, or in his absence the Vice-President of the Board, shall be one.

VIII.—That the Governors at their first stated meeting elect by ballot, from their number a President, a Vice-President, a Treasurer and a Secretary, and that the officers thus elected shall immediately enter upon their respective offices and hold the same until the next election for Governors.

IX.—That the Governors hold a stated meeting at least once in every month, for the transaction of ordinary business, giving due notice of each meeting to the several members composing the Board.

X.—That the President, or in his absence the Vice-President, shall have the power of calling an extraordinary meeting, at the request of three Governors (who shall signify the same in writing), giving at least one day's notice to the members of the Board.

XI.—That the Governors propose at one stated meeting and elect, by ballot, at the next a number of physicians, not exceeding four, to attend the said hospital, and to render all necessary medical aid to the persons admitted to the benefit of this institution, and that the said physicians remain in office until the next election for Governors, after which time they are to be annually elected.

XII.—That the Governors elect a person in the character of an apothecary and house pupil, to remain in the house during the pleasure of the Governors, but not exceeding six months, who shall, previous to his election, produce a recommendation of his merits and qualifications, signed by one or more of the physicians of the institution; and that, upon his admission, he pay into the hands of the Treasurer such a sum as the Governors may consider sufficient, to defray the expenses of his support as incurred by the house.

XIII.—That the Governors, from time to time, as they may judge necessary, elect a matron and steward.

XIV.—That the Governors adopt such measures for procuring suitable nurses and stewards as they shall judge best calculated to serve the interest of the institution.

XV.—That one or more female pupils be admitted by election, for the purpose of receiving instruction in the art of midwifery, to remain in the house during the pleasure of the Governors; and at the time of her or their admission, to pay into the hands of the Treasurer such a sum as the Governors may consider a sufficient

compensation for the privileges of instruction, and to defray the expenses of her or their support, as incurred by the house.

XVI.—That the Governors frame such By-Laws for the regulation and management of the institution as they shall judge necessary.

XVII.—That every person subscribing the sum of twenty dollars be privileged to recommend patients to the Hospital, to be approved of by the Visiting Committee.

XVIII.—That the Governors shall also have a discretionary power to admit such pregnant women, during the period of their confinement, as will defray the expenses of their board—the amount of those expenses to be determined by the Governors.

XIX.—That the Governors appoint a committee, consisting of two of their board, to visit the Hospital twice or oftener in every week, for the purpose of superintending the execution of the laws that shall be framed by the Governors relative to the internal management of the institution, and for the performance of such other duties as shall be assigned them by the Governors, and that they be known by the name of the Visiting Committee.

XX.—That the Governors, once in every year, render a public account of the several sums of money by them received and expended; and of the application or disposal which may have been made of the revenues of this charity.

XXI.—That the Governors, as soon as they shall judge it proper, cause a public building to be erected, suited to the nature of the institution, and that the overplus of the funds be disposed of in such manner as will prove most productive to this establishment.

XXII.—That for the alteration, revision, or amendment in the Constitution of this establishment, application in writing to be first made to the Governors by thirteen of the subscribers, that the Governors, upon receiving such application, call a general meeting of the subscribers, giving one week's public notice in two of the daily newspapers, at which meeting the alteration or amendment shall be first proposed, and, if the same shall be approved by a majority of the members present at a second meeting of the subscribers, of which similar public notice shall be given by the Governors, the same shall be considered and executed as a part of the Constitution.

The first election for Governors was held at the Tontine Coffee House, on Wednesday, the 16th of January, 1799, at 12 o'clock, when, in accordance with the fourth article of the preceding Constitution, the following gentlemen were elected Governors, viz:

Robert Lenox, Cornelius Ray, Archibald Gracie, Matthew Clarkson, Thomas Pearsall, Dr. Kunze, Henry Remsen, John Thompson, J. S. Robertson, Robert Bowne, William Houstoun, Andrew Hamersley and William Bayard.

Steps were immediately taken to procure an act of incorporation, and a bill to that effect passed the Senate, February 15, 1799, and Assembly, March 1, 1799, and the Council of Revision on the same day.

Stimulated by the action of those who were interested in the establishment of this hospital, the public authorities of the city established a lying in-ward at the Almshouse, under the direction of Dr. Valentine Seaman, early in the year 1799.

Thus established and organized, the Hospital began its benevolent work, at the earliest possible moment and its first public announcement appeared in the *Commercial Advertiser* of July 23, 1799.

"NEW YORK LYING-IN HOSPITAL.

"The Governors of the New York Lying-in Hospital "are happy to inform the public that this institution is "in such forwardness that it will be opened for the re- "ception of patients upon the first day of August.

"They have taken for this purpose a very com- "modious house (No. 2 Cedar Street) and have furnished "it in such a manner as to render it a very comfortable "asylum for women whose circumstances will not "enable them to make provision for their confinement "in child-bed.

"They have also appointed a matron to the Hospi- "tal, a woman of a respectable character and in all "respects qualified to discharge the several duties of "this office.

"The benefits of this establishment are not to be "confined exclusively to the poor and destitute, it will "also be opened for the reception of *pay patients*, whose "situation and circumstances will not enable them to "provide comfortable accomodations and medical attendance elsewhere.

"Such persons as are desirous of partaking of the "benefits of this establishment, are requested to apply "for admission to one of the subscribers, or to one of "the Governors or Physicians whose names are sub- "joined.

"The establishment of a Lying-in Hospital in this "city is an event in the history of our benevolent in- "stitutions, which cannot fail to excite the warmest ap-

" probation of the humane and charitable—when we
" for a moment contemplate that the object of this in-
" stitution is to afford an asylum to women in preg-
" nancy, who have been left in widowhood or are in any
" way deprived of support and unable to procure med-
" ical attendance and nursing during the distressing
" period of their confinement in child-bed—public sym-
" pathy cannot but be awakened in favor of this hith-
" erto neglected part of the community.

" The citizens of New York have ever distinguished
" themselves in acts of humanity or charity, and will
" undoubtedly foster the present laudable institution
" by their wonted generous subscription. A consider-
" able sum of money has already been subscribed, but
" not adequate to the expenses of the establishment.
" The Governors, however, have thought it proper to
" put it into immediate operation, as the objects of it
" are numerous, well knowing that the benevolence of
" their fellow citizens will be liberally exerted to sup-
" port an institution which in an especial manner calls
" for their protection.

" ☞Subscriptions will be received by either of the
" Governors or Physicians.

" GOVERNORS.

" Thomas Pearsall,	Rev. Dr. Kunze,
" Robert Lenox,	Cornelius Ray,
" Archibald Gracie,	Dr. J. S. Robinson,
" Henry Remsen,	William Houstoun,
" Dr. Charlton,	Andrew Hamersley,
" D. M. Clarkson,	William Jauncey,

" J. C. Vanden Heuvel.

" PHYSICIANS.

" Dr. Hosack,	Dr. Rodgers,
" Dr. Moore,	Dr. Post."

It being afterwards ascertained that the interest arising from the Society's funds was by no means sufficient to meet the expenses which a separate institution demanded, in January, 1801, an agreement was entered into between the New York Hospital and the Governors of the Lying-in Hospital, by which the interest of the then existing funds of the latter were to be paid to the use of the former institution, on condition that a lying-in ward should be established ; and a suitable ward for that purpose was accordingly fitted up and opened for the reception of patients, the express objects of the Lying-in Hospital. This continued in operation for twenty-six years, and, doubtless, in many respects fulfilled the benevolent intentions of the founders of this charity. But, various inconveniences having been found to arise from this connection between the institutions, it was finally determined by the Governors of the New York Hospital to close the ward on the 10th of June, 1827, and appropriate the rooms for other purposes.

The Society being thus left in a helpless condition, the amount of their funds not allowing them to support a separate institution, petitioned the city government November 17, 1827, for a portion of ground for building purposes, and appealed to the public in a circular issued in the month of November, 1829, for an increase of their funds by subscription, but without success. A renewed effort was made the same year and continued to 1831, to secure a building lot. Committees waited on the corporation and Legislature but were not successful in their endeavors.

At a meeting held April 19, 1832, on motion of Lynde Catlin, it was "*Resolved*, that the Seal of this Society shall be the following device : Two concentrick circles, with the words *Lying-in Hospital of the City of New York*," written or printed between them, and the date of the charter, 1799, written within the inner circle.

All public interest in the institution seems to have ceased at this period. From October, 1834, to July, 1845, no meetings were held; the number of the subscribers became reduced by death below thirteen; and of the Governors only two survived: William Bard, the President, and Philip Hone.

The President placed the charter and papers relating to the society in the hands of Benjamin F. Butler to obtain his advice as to the legal existence of the corporation. In a written opinion dated April 22, 1845, that gentleman decided that "the corporation is of perpetual duration, and all persons, who, at any time, subscribe to the institution are declared to be members. So long as any members exist, they have the capacity by the accession of new subscribers, to keep alive the corporation and to revive its efficient and regular action by the election of new Governors, provided in the meantime the Charter of the Corporation has not been forfeited by judicial proceedings on the part of the Government for the omission or abuse of its franchises. In the present case no such proceedings has been had; and it is therefore entirely practicable to continue the existence of this Society, and to restore all its functions, by the addition to its present members of new subscribers sufficient to make, in the whole, the number of thirteen."

Immediate steps were taken to reorganize. The first meeting was held at the rooms of the Public School Society, July 29, 1845, where arrangements were made for the election of a new Board of Governors, which took place August 6 at Mr. Bard's office in Wall street. The following gentlemen were elected:

Benjamin F. Butler, William Bard, William F. Mott, A. E. Hosack, Thomas W. Ludlow, Joseph B. Collins, Theodore Sedgwick, James G. King, R. B. Minturn, Philip Hone, William Birdsall, Joshua S. Underhill and John Jay.

Various plans were suggested during the next ten years to make the fund useful for the purposes intended by the subscribers. In 1846 and 1847 it was proposed to reform the Almshouse Hospital; in 1848 to assist the Society for the Reformation of Delinquent Females in their lying-in department; in 1849 the Magdalen Society was requested to receive patients. In 1855 a proposal was made to unite with the New York State Woman's Hospital under a new charter, to found an institution for the treatment of diseases peculiar to women. This proposition was rejected as being inconsistent with the original design of the association, and resolutions introduced at various times afterwards for a large donation to the new institution failed to secure the approbation of the Board.

On the 29th of March, 1855, the system was adopted of aiding females requiring assistance during confinement at their homes, limiting the expenses to twenty-five dollars in each case; the money to be disbursed by a committee appointed for the purpose. This method having been found very successful in affording relief to persons requiring its care, has generally been continued by the Society to the present time.

This interesting charity still commends itself to liberal consideration and support, and it may reasonably be expected that ample means will be provided at no distant day for such an establishment as will fully realize the intentions of its benevolent founders.

The hospital continued its aid to women in confinement, through the assistance of a Ladies' Committee, by giving a certain sum to each patient, a certain pro-

portion of the income of the Society being devoted to this purpose, the balance of income being allowed to accumulate until the fall of 1890, when application for aid was made to the Society on behalf of the Midwifery Dispensary.

CHARTER OF THE SOCIETY OF THE LYING-IN HOSPITAL.

An Act to incorporate the Society of the Lying-in Hospital of the City of New York, passed March 1, 1799, chapter xxiii, Laws of 1799.

WHEREAS, THOMAS PEARSALL, JOHN CHRISTOPHER KUNZE, ROBERT LENOX, CORNELIUS RAY, ARCHIBALD GRACIE, JOHN STARK ROBERTSON, HENRY REMSEN, WILLIAM HOUSTOUN, ANDREW HAMERSLEY, JOHN CHARLTON, DAVID M. CLARKSON, WILLIAM JAUNCEY, J. C. VANDEN HEUVEL and others, influenced by principles of benevolence and charity, associated as an institution, under the style of The Society of the Lying-in Hospital of the City of New York, for the useful purpose of establishing an asylum for the reception of women in a state of pregnancy who are unable to procure the necessary medical assistance and nursing during the period of their confinement in child-bed, by their petition presented to the Legislature, have prayed to be incorporated, the better to enable them to carry into effect the salutary object of their institution; therefore

Be it enacted by the People of the State of New York, represented in Senate and Assembly, that all such persons as now are, or hereafter shall be, members of the said institution, shall be and hereby are ordained, constituted and declared forever a body corporate and politic, in fact and in name, by the name of "The Society of the Lying-in Hospital of the City of New York," and by that name they and their successors shall and may have continual succession, and shall be persons in law, capable of suing and being sued, pleading and being impleaded, answering and being answered unto, defending and being defended, in all courts and places whatsoever, in all manner of actions, suits, complaints, matters and cases whatsoever; and that they and their successors may have

a common seal, and may change and alter the same at their pleasure; and also that they and their successors, by the name of "The Society of the Lying-in Hospital of the City of New York," shall be in law capable of purchasing, receiving, holding and conveying any estate, real or personal, for the use of the said corporation. Provided that the lands, tenements and hereditaments, which it shall be lawful for the said corporation to hold, shall be only such as shall be requisite for the purpose of erecting a public building, and such houses or other buildings as may be suitable and necessary to the nature of the said institution, or such as shall have been *bona fide* mortgaged to it by way of security, or conveyed to it in satisfaction of debts previously contracted in the course of its business or purchased at sales on judgment, which shall have been obtained for such debts; and with regard to all such lands, tenements and hereditaments so to be held by the said corporation as aforesaid, except such as may be for its immediate accommodation as aforesaid, or such as it may hold by way of mortgage, and whereof the actual possession shall be and remain in the mortgagors, their heirs or assigns, the said corporation shall be bound so sell and dispose of the same respectively within five years after it shall acquire the same, and shall not be capable of holding the same after the expiration of the said five years.

And be it further enacted, that all persons who now are members of the said institution, or shall at any time hereafter subscribe to the same, shall be deemed and taken for members of this corporation, and that the property and concerns of the said corporation shall be managed and conducted by thirteen governors, to be chosen by ballot, by and from the said subscribers; that the following persons (that is to say), Thomas Pearsall, John Christopher Kunze, Robert Lenox, Cornelius Ray, Archibald Gracie, John Stark Robertson,

Henry Remsen, William Houstoun, Andrew Hamersley, John Charlton, David M. Clarkson, William Jauncey, J. C. Vanden Heuvel, shall be the present governors of the said corporation and shall continue in office until the second Wednesday in April, in the year one thousand eight hundred, when a new election shall be made at the hour and place to be appointed by the said governors; that the election for governors after the year one thousand eight hundred shall be held annually on the second Wednesday in April, at such place and hour as the majority of the governors for the time being shall appoint, of which election public notice shall be given by the said governors for the space of one week, in two of the daily newspapers printed in the said city, That if any vacancy shall happen among the said governors (so elected) by death, resignation or removal, such vacancy shall be filled by a special election for the purpose, to be held in the same manner as the annual elections are made, and at such time and place as shall be provided for by the by-laws of the said corporation, and in case it should happen that an election of governors should not be held on any day, when, pursuant to this act it ought to have been made, the Corporation shall not for that cause be deemed to be dissolved; but it shall and may be lawful, on any other day, to hold an election of governors in such manner as the by-laws of the said Corporation shall prescribe.

And be it further enacted, that the governors shall not take or receive any compensation for their services; and for the time being shall have power to make and prescribe such by-laws, rules and regulations as to them shall appear needful and proper, touching the management and disposition of the stock, property, estate and effects of the said corporation, and touching the duties and conduct of the officers of the said corporation, and touching all other matters as appertain to

the business, ends and purposes for which the said corporation is by this act instituted; and shall also have power to appoint an apothecary, house-pupils, matron, steward, nurses and servants for carrying on the business of the said institution.

Provided, that for the appropriation or disposal of any of the capital stock, a number not less than seven shall constitute a quorum, of which number the president, or in his absence the vice-president of the board, to be appointed in virtue of this act shall be one.

Provided also, that such by-laws, rules and regulations shall not be repugnant to the constitution and laws of the United States, or of this state.

And be it further enacted, that the governors at their first meeting, and also at their first meeeting in every year next after the said annual election on the second Wednesday in April, shall elect by ballot from their number a president, vice-president, treasurer and a secretary, and that the officers thus elected shall immediately enter upon their respective offices, and hold the same until the next election of governors, and it shall be the duty of the president or vice-president to preside at all meetings of the governors.

And be it further enacted, that the governors shall propose at one meeting and elect by ballot at the next a number of physicians, not exceeding four, to attend the said hospital, and to render all necessary medical aid to the persons admitted to the benefit of this institution, and that the said physicians remain in office until the next election for governors, after which time they are to be annually elected.

And be it further enacted, that this act shall be and hereby is declared a public act, and shall be construed in all courts and places benignly and favorably for every beneficial purpose herein intended.

GOVERNORS AND OFFICERS

—OF THE—

SOCIETY OF THE LYING-IN HOSPITAL,

From its Organization, 1799.

[The Records of the Society prior to 1813 are lost. The years of election and retirement from office in some cases are therefore not complete. The names prior to 1813 have been obtained from the newspapers of the period.]

GOVERNORS.

Elected.		Retired.
1799.	Robert Lenox,	1835.
1799.	Cornelius Ray,	1824.
1799.	Archibald Gracie,	1824.
1799.	Henry Remsen,	1835.
1799.	John Thompson,	1799.
1799.	John Stark Robertson,	1800.
1799.	Robert Bowne,	1799.
1799.	Matthew Clarkson,	1822.
1799.	Thomas Pearsall,	1807.
1799.	John Christopher Kunze,	1807.
1799.	William Houstoun,	1811.
1799.	Andrew Hamersley,	
1799.	William Bayard,	
1799.	John Charlton,	
1799.	David M. Clarkson,	1814.
1799.	William Jauncey,	
1799.	J. C. Vanden Heuvel,	
1802.	Frederick De. Peyster,	1829.
18—.	Dr. George Anthon,	1821.
18—.	Dr. David Hosack,	1835.
18—.	Andrew Morris,	1816.

Elected.		Retired.
18—.	Rev. Abraham Beach, D.D.,	1813.
18—.	Charles L. Cammann,	1806.
18—.	Jacob Le Roy,	1807.
1808.	Thomas C. Pearsall,	1813.
1808.	De Witt Clinton,	1816.
1813.	Peter P. Goelet,	1824.
1813.	Charles Wilkes,	1832.
1813.	Peter Augustus Jay,	1822.
1813.	Jacob Sherred,	
1821.	John Hone,	1832.
1821.	Lynde Catlin,	1832.
1821.	Charles McEvers,	1835.
1821.	Abijah Hammond,	1822.
1822.	Nathaniel Prime,	1835.
1822.	John Watts,	1830.
1829.	William Bard,	1837.
1829.	James Pendleton, M. D.,	1832.
1829.	Philip Hone,	1847.
1831.	Elisha Tibbits,	1835.
1831.	John S. Crary,	1835.
1831.	Dennis McCarthy,	1835.
1834.	George Jones,	1835.
1834.	Robert Ray,	1879.
1834.	Lewis C. Hamersley,	1835.
1834.	Isaac S. Hone,	1835.
1845.	Benjamin F. Butler,	1858.
1845.	William F. Mott,	1866.
1845.	Alexander E. Hosack, M. D.,	1869.
1845.	Thomas W. Ludlow,	1847.
1845.	Joseph B. Collins,	1867.
1845.	Theodore Sedgwick,	1855.
1845.	James G. King,	1847.
1845.	Robert B. Minturn, Sr.,	1866.
1845.	William Birdsall,	1855.
1845.	Joshua S. Underhill,	1857.
1845.	John Jay,	1846.
1846.	George Wilkes,	1847.

Elected.		Retired.
1854.	George T. Trimble,	1872.
1854.	Apollos R. Wetmore,	1881.
1854.	Thomas B. Stillman,	1866.
1854.	Benjamin R. Winthrop,	1879.
1854.	Stewart Brown,	1880.
1861.	Jacob Harsen,	1862.
1861.	Benjamin D. Silliman,	1890.
1861.	John C. Green,	1875.
1863.	Andrew Warner,	1892.
1866.	James Lenox,	1880.
1866.	William H. Aspinwall,	1869.
1866.	Robert B. Minturn,	1880.
1868.	Robert Lenox Kennedy,	1887.
1868.	Joseph W. Patterson,	1881.
1869.	Egerton Leigh Winthrop,	
1873.	Legrand B. Cannon,	1874.
1874.	Albert M. Patterson,	1892.
1879.	George G. Williams,	
1880.	Frederic Bronson,	
1880.	Charles E. Tracy,	
1880.	Robert Lenox Belknap,	
1880.	John A. Weekes,	
1881.	William A. Duer,	
1882.	Robert Ray Hamilton,	1890.
1888.	Henry V. R. Kennedy,	1891.
1890.	Frederic W. Stevens,	1892.
1890.	Edmund L. Baylies,	
1891.	William T. Lawrence,	1892.
1892.	Egerton L. Winthrop, Jr.,	
1892.	Frederic Delano Weekes,	
1893.	Henry A. C. Taylor,	
1893.	George B. McClellan,	

PRESIDENTS.

Elected.		Retired.
1799.	Thomas Pearsall,	1807.
1808.	Cornelius Ray,	1826.
1829.	Robert Lenox,	1835.
1845.	William Bard,	1854.
1854.	Benjamin F. Butler.	1858.
1861.	George T. Trimble,	1872.
1872.	Robert Ray,	1879.
1880.	Apollos R. Wetmore,	1881.
1881.	Benjamin D. Silliman,	1890.
1891.	Egerton L. Winthrop,	1892.
1892.	John A. Weekes.	

VICE-PRESIDENTS.

Elected.		Retired.
1799.	Rev. John Christopher Kunze,	1807.
1808.	Samuel Osgood,	1812.
1813.	Dr. George Anton,	1821.
1821.	Robert Lenox,	1829.
1829.	Henry Remsen,	1831.
1854.	Theodore Sedgwick,	1855.
1861.	Robert B. Minturn, Sr.,	1866.
1866.	Robert Ray,	1872.
1872.	James Lenox,	1879.
1879.	Apollos R. Wetmore,	1880.
1880.	Benjamin D. Silliman,	1881.
1881.	Robert Lenox Kennedy,	1887.
1887.	Egerton L. Winthrop,	1891.
1891.	John A. Weekes,	1892.
1892.	William A. Duer.	

TREASURERS.

Elected.		Retired.
1802.	Frederick De Peyster,	1829.
1829.	Charles Wilkes,	1833.
1833.	William Bard,	1845.
1845.	Joseph B. Collins,	1862.
1862.	Benjamin R. Winthrop,	1872.

Elected.		Retired.
1872.	Joseph W. Patterson,	1881.
1882.	Andrew Warner,	1892.
1892.	Robert L. Belknap.	

SECRETARIES.

Elected.		Retired.
1799.	William Houstoun,	1811.
1813.	Peter Augustus Jay,	1822.
1822.	Lynde Catlin,	1829.
1829.	William Bard,	1833.
1833.	John S. Crary,	1845.
1845.	Alexander E. Hosack, M. D.,	1854.
1854.	Joshua S. Underhill,	1857.
1858.	Benjamin R. Winthrop,	1863.
1863.	Andrew Warner,	1892.
1892.	Robert L. Belknap,	1893.
1893.	F. Delano Weekes.	

PHYSICIANS.

Elected.		Retired.
1799.	David Hosack,	1822.
1799.	John R. B. Rodgers,	1809.
1799.	William Moore,	1822.
1799.	Wright Post,	1822.
1805.	Andrew Hamersley,	1813.
1805.	Samuel L. Mitchell,	1807.
1808.	Edward Miller,	1811.
1813.	Richard S. Kissam,	Dead.
1823.	John W. Francis,	"
1829.	James Pendleton,	"
1829.	Alexander E. Hosack,	1845.
1829.	George Wilkes,	1845.
1832.	Fayette Cooper.	Dead.
1892.	James W. Markoe.	
1892.	Samuel W. Lambert.	
1892.	H. McM. Painter.	
1892.	J. Clifton Edgar.	
1892.	Austin Flint, Jr.	

MEMBERS OF THE SOCIETY,

With the Dates of their Election.

(Those marked with a * have died).

Names.	When Elected.
A.	
Dr. George Anthon*	1821.
William H. Aspinwall*	1866.
Alexander McL. Agnew*	1878.
Edgar S. Auchincloss	1880.
B.	
Robert Bowne*	1799.
William Bayard*	1799.
Rev. Abraham Beach, D. D.*	
William Bard*	1829.
Benjamin F. Butler*	1845.
William Birdsall*	1845.
Stewart Brown*	1854.
Frederic Bronson	1880.
Robert Lenox Belknap	1880.
Robert Lenox Belknap, Jr	1881.
Waldron Phoenix Belknap	1881.
Edmund L. Baylies	1890.
William H. Brown	1866.
James William Beekman	1892.
William Allen Butler, Jr.	1892.
Francis S. Bangs	1892.
Robert Lenox Banks	1893.
C.	
Matthew Clarkson*	1779.
John Charlton*	1799.
David M. Clarkson*	1799.
Charles L. Cammann*	
DeWitt Clinton*	1808.
Lynde Catlin*	1821.
John S. Crary*	1831.

Names.	When Elected.
Joseph B. Collins	1845.
Legrand B. Cannon	1873.
J. Winthrop Chanler*	1877.
N. W. Stuyvesant Catlin	1879.

D.

Frederick de Peyster*	1802.
Henry Dudley	1873.
William A. Duer	1880.
Francis O. de Luze	1892.

F.

George W. Folsom	1873.
George R. Fearing	1892.

G.

Archibald Gracie*	1799.
Peter P. Goelet*	1813.
John C. Green*	1861.
James King Gracie	1879.
William Greenough	1880.
George Griswold*	1866.

H.

William Houstoun*	1799.
Andrew Hamersley*	1799.
David Hosack, M. D.*	
John Hone*	1821.
Abijah Hammond*	1821.
Philip Hone*	1829.
Lewis C. Hammersley*	1834.
Isaac S. Hone*	1834.
Alexander E. Hosack, M. D.*	1845.
Jacob Harsen*	1861.
Robert Ray Hamilton*	1882.

Names.	When Elected.
I.	
Adrian Iselin, Jr.	1893.
J.	
William Jauncey*	1799.
Peter Augustus Jay*	1813.
George Jones*	1834.
John Jay*	1845.
K.	
John Christopher Kunze*	1799.
James G. King*	1845.
Robert Lenox Kennedy*	1868.
H. Van Rensselaer Kennedy	1888.
A. Gracie King	1879.
Frederick Gore King	1879.
L.	
Robert Lenox*	1799.
Thomas W. Ludlow*	1845.
James Lenox*	1866.
Jacob LeRoy*	
William T. Lawrence	1891.
P. Van Zandt Lane	1888.
James G. K. Lawrence	1892.
Lewis Cass Ledyard	1892.
M.	
Andrew Morris*	
Charles M. Evers*	1821.
Dennis McCarthy*	1831.
William F. Mott*	1845.
Robert B. Minturn*	1845.
Robert B. Minturn, Jr*	1866.
George B. McClellan	1893.
John W. Minturn*	1866.
Charles H. Marshall	1873.

Names.	When Elected.
George Henry Moore*	1873.
Alexander Maitland	1877.
Dr. William S. Mayo	1877.
George E. Moore, M. D	1878.
William Bard McVickar	1887.

N.

William H. Neilson*	1866.
Adam Norrie	1873.
Gordon Norrie	1877.
John M. L. Nash	1892.

P.

Thomas Pearsall*	1799.
Thomas C. Pearsall*	1808.
Nathaniel Prime*	1822.
James Pendleton, M. D.*	1829.
Joseph W. Patterson*	1868.
Albert M. Patterson	1874.

R.

Cornelius Ray*	1799.
Henry Remsen*	1799.
John Stark Robertson*	1799.
Robert Ray*	1834.
James R. Roosevelt	1892.

S

Jacob Sherred*	1813.
Theodore Sedgwick*	1845.
Thomas B. Stillman*	1854.
Benjamin D. Silliman	1861.
Oliver S. Strong	1866.
Frederic W. Stevens	1890.
Philip J. Sands	1892.
William Watts Sherman	1892.

Names.	When Elected.
T.	
John Thompson*	1799.
Elisha Tibbits*	1835.
George T. Trimble*	1854.
Charles E. Tracy	1880.
Henry A. C. Taylor	1892.
U.	
Joshua S. Underhill	1845.
V.	
J. C. Vanden Heuvel*	1799.
W.	
Charles Wilkes*	1813.
John Watts*	1822.
George Wilkes*	1846.
Benjamin R. Winthrop*	1854.
Apollos R. Wetmore*	1854.
Egerton L. Winthrop	1869.
Andrew Warner	1863.
George G. Williams	1874.
Francis H. Weekes	1873.
John A. Weekes	1880.
Egerton L. Winthrop, Jr	1887.
Frederic Bronson Winthrop	1887.
F. Delano Weekes	1888.
George Peabody Wetmore	1892.



VIEW OF HOSPITAL FROM SOUTHEAST.

THE SOCIETY

OF THE

LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

ANNUAL REPORT.

NINETY-SEVENTH YEAR.

1895.

PRINTED BY ORDER OF THE BOARD OF GOVERNORS.

THE SOCIETY

OF THE

LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

FOUNDED IN 1798.

ANNUAL REPORT.

1895.

NEW YORK:
MARTIN B. BROWN, PRINTER AND STATIONER,
Nos. 49 to 57 Park Place.
1895.

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SUB-STATION, No. 314 BROOME STREET.

SOCIETY OF THE LYING-IN HOSPITAL

OF THE CITY OF NEW YORK.

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Vice-President, . George G. Williams, Chemical Nat'l Bank.
Treasurer, . . Robert Lenox Belknap, No. 62 William St.
Secretary, . . . F. Delano Weekes, No. 58 Wall St.

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EDWARD W. LAMBERT, M. D., F. DELANO WEEKES, *Secretary.*

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WM. M. POLK, M. D. WM. T. LUSK, M. D.

Attending Physicians.

JAMES W. MARKOE, M. D. SAM'L W. LAMBERT, M. D.
H. McM. PAINTER, M. D. J. CLIFTON EDGAR, M. D.
AUSTIN FLINT, Jr., M. D.

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Secretary	H. McM. PAINTER, M. D.
Registrar	SAM'L W. LAMBERT, M. D.
Curator	JAMES W. MARKOE, M. D.
Librarian	SAM'L W. LAMBERT, M. D.

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Geo. R. White, M. D. — R. C. James, M. D.
W. E. Studdiford, M. D.

HOUSE STAFF.

House Physician.

John H. Reb, M. D.

Assistant Resident Physicians.

H. S. Mathewson, M. D. — Alston Fitts, M. D.
F. E. Crosier, M. D. — J. G. Hathaway, M. D.
O. B. C. Kinney, M. D. — J. A. Mack, M. D.
E. F. Horr, M. D.

SPECIAL MEDICAL DEPARTMENTS.

Orthopoedic Surgeon	T. Halsted Myers, M. D.
Neurologist	C. A. Herter, M. D.
Ophthalmologist	J. L. Adams, M. D.
Dermatologist	James Johnston, M. D.
Embryologist	Geo. S. Huntington, M. D.
Pathologist	Farquhar Ferguson, M. D.
Bacteriologist	Martha Wollstein, M D.
Assistant Registrar	Asa B. Davis, M. D.
Assistant Curator	Martha Wollstein, M. D.

Chief Nurse.

Miss E. Miller.

Assistant Nurse.

Miss G. Hardy.

Chief Clerk.

Charles Ford.

Registrar's Clerk.

Helen F. Nugent.

HOSPITAL.

Second avenue and Seventeenth street.

SUB-STATION.

No. 314 Broome street.

DIET KITCHEN.

No. 314 Broome street.



STAFF DINING ROOM.

REPORT

OF THE

Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

To the Members of the Society of the Lying-in Hospital :

To those interested in the charitable and educational work of the Society of the Lying-in Hospital the record of the past twelve months cannot fail to bring a confidence in its future and further development, giving a certainty of a more far-reaching influence each year, with an assurance that a greater number will be relieved and cared for who are destitute and unfortunate ; the beneficial objects of the Society being thus more extended among a class entirely dependent on charity for necessary medical assistance and nursing during the period of confinement.

The Society has relieved and cared for nearly two thousand destitute women during the past year, and, with the means of establishing additional sub-stations in the tenement districts, can undoubtedly reach many more who are now entirely without medical attendance in childbirth, or only treated by ignorant midwives, who often carry infection from one patient to another and in complicated cases cause untold suffering and hopeless deformity.

The work and growth of the Society being greatly retarded owing to the lack of a proper hospital building, the Board of Governors on May 3, 1894, authorized the purchase of the Hamilton Fish property on the corner of Second avenue and Seventeenth street for $200,000, giving a purchase-money bond and mortgage for $110,000 and borrowing $60,000. Title was acquired on the 12th of June.

The situation was found most admirable, giving the Society in extent of ground and size of building facilities for the care and treatment of patients and the education of students it never had before.

The interior of the building has been entirely remodeled and adapted for hospital purposes. The Society had labored under great disadvantage in previous years in having no proper place to remove patients. Frequently cases were found in rooms without windows, in rooms under ground and in places that were absolutely repellent to every sense. It was found necessary, in order to save the life of the patient, to remove her to other quarters, where she could be properly treated and cared for, and in the present hospital building there is every accommodation and comfort for those unfortunates.

The Society has been more than encouraged by the liberal financial support it has received, and the Board of Governors and Medical Board are deeply grateful for the generous and kindly interest extended to them, without which the good work of the past year could not have been accomplished. Not only were large sums given to enable the Society to complete the amount needed for the purchase of the present hospital property, but one of the most generous contributors to that fund, at his own cost and expense, paid all the charges incurred in the extensive alterations throughout the building and the purchase of necessary equipment.

The operating-room was presented by Mr. Trenor L. Park, and the sterilizing apparatus for it obtained with donations made by Mr. Elbridge T. Gerry, Mr. Martin A. Ryerson, and anonymous subscriptions received by Dr. Edgar. Both rooms are as perfect as modern ingenuity can make them, and the same thoroughness and attention to details has been shown in every part of the Hospital, so that nothing should be lacking that might tend to the care and comfort of its inmates.

On November 1, 1894, applicants for relief were received at the new building, and 314 Broome street, the former hospital, retained as a sub-station.

A formal opening and reception was held on January 16, 1895, at which time many visitors availed themselves of the opportunity to inspect the wards and clinic rooms.

Further contributions enabled the Society on February 1st to receive patients in the hospital wards.

These are cases requiring the most careful watching and treatment, which could not be given them in their own homes. Naturally in the relief of this most destitute class, so dependent on charity, frequent instances of the most desperate and absolute want are brought to the attention of the Society, where food and clothing must at once be provided.

Through the efforts of Mrs. A. R. Randolph, a Diet Kitchen was established, and during the past year 527 families were each relieved for a period of two weeks, and during that time supplied with food, coal and clothing. It is not easy to estimate the good that has been accomplished or the amount of suffering that has been relieved owing to this timely distribution among the needy and deserving of those whose wants had been brought to the attention of the Medical Board.

The Society, in both branches of its work, charitable and educational, is making rapid advancement. The poor woman in the miserable and squalid tenement, with the most desperate surroundings, is treated free of any charge, and receives every care, with every modern method of scientific treatment.

The Board of Governors desire to express their deep appreciation to the Medical Board for the efficient services they have rendered during the past year, which have so greatly tended to relieve the suffering and want of those dependent on charity and on the Society for care and treatment. The list of donations and subscriptions elsewhere shows the interest taken in the work of the Society, and that work of relief can be extended in many quarters of this city if the means of additional support will be forthcoming.

F. DELANO WEEKES,
Secretary of Board of Governors.

REPORT OF THE MEDICAL BOARD.

To the Board of Governors:

GENTLEMEN—It seems fitting to the Medical Board, at this time, to draw your attention briefly to what the Hospital has accomplished during the past five years, and, somewhat more in detail, to its plans for the future:

In 1890 the Medical Board began its present work of giving instruction in Obstetrics to Medical Students and Physicians. At that time only one medical school in this city required its students even to witness a case of labor before graduation. The result was, that from New York, a leading medical centre, were sent forth hundreds of young physicians every year utterly ignorant of practical obstetrics, to learn a part of their art at the cost of the lives of trusting patients.

Since this Hospital took its first radical step and required its students to come into personal contact with obstetric cases, the one school which at that time required its students before graduating to witness the delivery of a woman has made efficient additions to its system of instruction and is to-day giving practical bedside courses in the examination of pregnant women, and in the care of the mother and child after labor. It does not, however, allow its students actually to confine the women.

In addition to this, five other schools in this city to-day require their candidates for graduation to have attended at least six cases of labor. Three of these five schools officially recommend their students to the courses in this Hospital and accept its certificates as a guarantee of an adequate course in practical obstetrics.

The Society of the Lying-in Hospital, besides a thorough course of instruction, as elsewhere described in detail, also



SURGEONS' ROOM.

allows its students, under the direct supervision and assistance of either a member of the Medical Board or one of the resident staff, to confine women and thus gain practical experience essential to a proper knowledge of obstetrics. The success of the system may be proved in the fact that the Society has confined more than 9,000 women in the past five years without causing a single accident to either mother or child.

The vital importance of practical courses in obstetrics, in fitting young physicians to practice midwifery, can be better appreciated by a body of laymen if the following facts be known: *First*—A specialty known as Gynecology—the diseases of women—has come to be, perhaps, the most important branch of medicine to-day. Forty years ago it was practically unknown. *Second*—Probably seventy-five per cent. of the cases which come under the care of the gynecologist owe their invalid condition to accidents or errors occurring in pregnancy, labor or during the convalescence from labor.

We have then the following incongruity to consider: One of the most important specialties in medical science occupied in relieving diseased conditions largely caused by the ignorance of physicians in one of the seven fundamental branches of their profession. In casting about for a cause for such inefficiency on the part of physicians, and upon considering their own experience as medical students, the Medical Board turned naturally to the methods of instruction employed in medical schools in this city. They were obsolete and they seemed utterly inadequate to prepare students for the work of their profession. The Board then studied carefully the methods of other schools in this country and of the great schools abroad. From these studies they endeavored to evolve a system of instruction in obstetrics which would combine the results of the experience of others with their own experience of the needs of students in this country. The result is, that the present system of instruction of this Institution has been tested in the training during the past five years of 1,419 students from 48 different medical schools in the practical art of Midwifery. Of these 1,419 students 196 have

been practising physicians. A far greater experience has been provided for the 65 physicians who have served on the resident staff of the Hospital. These former students and physicians are now practising medicine in all parts of this country.

The Medical Board has felt that it could do no greater charity than in thus preparing students for their work to lessen the sum of human suffering among the classes which are usually not considered by philanthropists, simply because they have money enough not to become objects of charity. It would seem as if our own mothers and wives and daughters merited, at least, as much consideration in such matters as those who are unable to provide themselves with medical attendance.

The work which this Hospital is doing to-day is, therefore, more far-reaching than that of any similar institution in this country, as will readily be seen by an enumeration of its functions:

1st. The care of poor women in their confinement free of charge—

(*a*) In their own homes.

(*b*) In the Hospital building, where a fully equipped operating-room is in use with all the appliances of modern surgery.

2d. The instruction of physicians and medical students in obstetrics.

3d. An incalculable diminution of human death and suffering among women whose station in life is such that they are accustomed to call a physician to attend them in confinement. This unexampled work of charity is accomplished by the Educational Department, and its results are not confined to New York, but are limited only by the geographical distribution of those who come to us for instruction.

4th. The instruction of nurses in obstetric work.

As to the present condition and immediate future of the charitable and educational work of the Hospital, much is to be said.

The Extension of the Work of Charity among the Poor of this City.

As is well known to you, there is a very large number of women in this city who cannot provide for themselves medical attendance and cannot leave their homes without the dismemberment of the household. They are, therefore, dependent upon the kindly ministrations of the neighbors and upon uneducated midwives. It has been proven beyond dispute that the system of caring for these people at present employed by this Hospital is a success. It is, therefore, the purpose of the Medical Board to extend the present Hospital system—consisting of a large central Hospital, with Substations, from which the outdoor service is managed—as rapidly as possible. There is needed most urgently to-day a sub-station in the neighborhood of Greenwich street, and one on the east side above Twenty-third street. Patients are constantly being refused from these quarters of the city, because the Hospital cannot undertake the care of them, either from the main building or from the sub-station in Broome street.

By thus covering the tenement-house quarters of the city with sub-stations, this work of the Hospital can be extended to any degree.

The Educational Work of the Hospital.

Since the acquisition of the property at Seventeenth street and Second avenue not only have the practical courses previously given by the Hospital been greatly improved in character, but new courses have been added.

There is at present a regular undergraduate course of two weeks duration, and, in addition, a graduate course in obstetric diagnosis and a graduate course in operative obstetrics. The courses of graduate instruction may be continued for any length of time the student may desire.

The photographic reproductions in this report will assist in understanding the various plans of instruction. The undergraduate student begins his work by following the service for two days in the wards (one of which is reproduced in Plate 1) and in the examining-rooms (Plate 2), where all applicants

for treatment are examined. In both the wards and the examining-rooms the student is under the systematic instruction of one of the Assistant Attending Physicians and the House Physician, in which the Attending Physician also joins whenever opportunity presents. They are taught the routine treatment of the puerperal woman and of the new-born child, and obtain practice in the details of obstetric diagnosis. After this preparation they are ready for the work of the out-door service.

All students are summoned to the operating-room (Plate 3) at any time of the day or night, whenever a patient is about to be delivered. Clinical lectures upon operative cases, or upon cases of peculiar interest, are given by the Attending Physicians. Theoretical lectures upon normal labor and upon puerperal fever are also given at regular weekly intervals by the Attending Physicians. Recitations are held each week by the Assistant Attending Physician upon the subjects of the lectures and upon the practical work. The students write all the histories of the cases attended by them. The History room is reproduced in Plate 4. All of the work of the student is under the constant revision and oversight of members of the Resident Staff. Their written work is reviewed once daily, and their practical work is controlled by the personal investigation of the staff at intervals of two hours. The students' quarters are shown in Plate 5, which represents the undergraduate dormitory of twenty beds. The graduate course of obstetric diagnosis consists of a two-hour lesson each afternoon in the examining-rooms. The students in this course also witness all operative cases, and have the opportunity of examining such abnormal cases as require operation. The graduate operative course includes the care and delivery of normal cases and the witnessing of all operations. It also includes the performance of such operations as the Director may select.

Plate 6 is a photograph of the office of the main Hospital building, from which the whole service of the Hospital is controlled. It is in telephonic communication with the sub-station, and with every hospital, police station and

telephone station in the city. The management of a large out-door service in the immediate neighborhood of the main Hospital is also centered at the office. The office is also in communication, by means of tubes and a house telephone, with every part of the Hospital building. The private office of the House Physician is seen through the folding doors in the background of this photograph. In Plate 7 is seen the Library and Medical Board room of the Hospital. Plate 8 represents the nurses' laboratory, in which all dressings used in the out-door service of the Hospital are prepared, sterilized, etc. The labor and post-partum bags used by the students are cleaned and filled in this room; sterilizers, bags, dressing-boxes and work-tables are displayed in the photograph. In Plate 9 is seen the sterilizing-room adjoining the operating-room (Plate 3). The apparatus for hot and cold distilled water is also seen in the photograph. Plate 10 represents the bath-room in the basement of the Hospital, in which all patients are bathed upon admission to the Hospital before they can be permitted to enter the wards. Here they are divested of their own clothing and provided with the clothes of the Hospital, which they wear during their detention.

Since the acquisition of the main Hospital building there has also been instituted an Obstetric Training School for Nurses. A certain number of nurses are received every two months from St. Vincent's Hospital in this city, and from St. Mary's Hospital, Brooklyn. The instruction to nurses is quite as carefully systematized as that given to medical students. It is accomplished by means of practical ward work, by instruction in the wards from the Attending Physicians, and the Chief Nurse, by lectures from the Assistant Attending Physician and by recitations upon these lectures conducted by the Chief Nurse.

The ultimate development of the educational department of the Hospital along the lines planned by the Medical Board will require a large amount of work in organization from the Board and a considerable expenditure of money. The Hospital as it stands to-day is but the meager outline of the future plan.

The Central Hospital shall eventually comprise, so far as the essentials for the educational department are concerned—

1st. *Wards*—The Wards are to be divided among five floors, and the five Attending Physicians will be on continuous duty. Each floor will contain accommodations for fifty patients and a small operating-room. The Wards of the Hospital will be solely for the use of the students of the Hospital, and they shall not be available for the purposes of public clinics and lectures.

2d. *Amphitheatre*—A large Amphitheatre for the use of the Attending Physicians in giving public lectures and conducting public operations.

3d. *Septic Department*—This department is for the treatment of cases of fever, and shall consist of a separate floor, isolated from the rest of the Hospital, containing a sufficient number of rooms with its own operating-room, kitchen, laundry and accommodations for nurses.

4th. *Students' Department*—This department will contain a dormitory and sitting-room for undergraduate students, and separate rooms for graduates and for female students.

5th. *Library and History Department*—The Library is to consits of current works upon Obstetrics as well as a complete collection of past literature of the subject. It will also contain copies of the journals on obstetrical subjects from their foundation. The Library is already started upon these plans and contains at present about 400 volumes.

The History Room contains the bound volumes of the histories of every case since the foundation of the Hospital in both the in-door and out-door services. There is also kept in this Department the statistical cards and card index catalogues of the Hospital.

6th. *Autopsy Room*—The Autopsy Room is to be of sufficient size to admit of lectures and demonstrations of gross pathology by the Pathologist to classes of students.

7th. *Manikin and Chart Room*—The Manikin Room is to be of sufficient size to accommodate small classes in Manikin instruction and for purposes of recitation.

8th. *Pathological Laboratory*—This Laboratory must be fully appointed for scientific research in pathology and bacteriology, with accommodations for students.

9th. *Microbiological Laboratory*—This Laboratory must be prepared not only to give thorough instruction to students in Embryology and the development of the fœtus, but also to carry on original research in these subjects.

10th. *Nurses' Department*—The accommodations for Nurses will consist of sleeping rooms, sitting-rooms and class-rooms, supplied with the necessary paraphernalia for instruction.

11th. The necessary Executive offices, examining-rooms, laboratories, etc., for the use of the out-door service.

In this connection it is to be noted that while the whole out-door service is managed from the Central Hospital, the office of the out-door service in the main hospital serves also as a sub-station for the tenement-house district in the vicinity.

Finally, it is the plan of the Board to distribute throughout the tenement-house district of the city, wherever experience shows a need, sub-stations in telephonic communication with the Central Hospital, under the care of a member of the House Staff and with accommodations for a small number of students, instruments, dressings, etc., from which attendance can be quickly sent to cases in the neighborhood, and at which application for special aid can be readily made.

Such a hospital as the above outline indicates contemplates three things:

First—The establishment of a School of Obstetrics, which shall combine in its system all that is best in the methods of every institution of learning in the world, together with the ideas of those engaged in giving instruction in this Hospital. The necessity of keeping pace with the advance in methods of instruction throughout the world and of absorbing the best of such methods is deemed by the Medical Board essen-

tial to the success of medical education. It is the purpose of the Board to make this school one where the student can be taught in its most minute details everything which has to do with the subject of Obstetrics. Apart from the realization of a perfect system, there is, as we have shown in the beginning of this communication, an alarming need for such a school.

Second—The establishment of a centre of scientific research in the Department of Obstetrics. Comparatively little scientific work has been done in pure obstetrics, and many problems involving the lives and health of women are awaiting just such a union of laboratory research and bed side observation as is here contemplated.

Third—The perfection of charitable methods of dealing with poor women in their confinement. By providing proper attendance, food and clothing for those who cannot leave their homes; by providing a shelter and attendance for those who have no homes, and by providing an operating-room fully equipped with all the appliances of modern surgery for those upon whom serious operations must be performed, the Hospital would seem to realize the ideal work contemplated by its charter one hundred years ago.

H. McM. PAINTER, M. D.,
Secretary Medical Board.



(I.) WARD D.

Patients treated from October 1, 1894, to October 1, 1895.

Out-door Service.

October	174	
November	130	
December	153	
January	140	
February	106	
March	128	
April	117	
May	127	
June	123	
July	193	
August	220	
September	190	
		1,801

In-door Service.

February	4	
March	9	
April	22	
May	13	
June	14	
July	20	
August	15	
September	24	
		121
Total		1,922

The United Hebrew Charities.

In June, 1895, an arrangement was made with the United Hebrew Charities of New York by which this Hospital agreed to care for all cases of confinement occurring among the beneficiaries of that Society.

The work is now being done by the Hospital with satisfaction to both parties to the agreement.

Patrons.

J. Pierpont Morgan,

Cornelius Vanderbilt,

William Kissam Vanderbilt.



(2.) EXAMINING ROOMS.

Benefactors.

Mrs. Annie Woershoeffer,
Henry A. C. Taylor,
Oswald Ottendorfer,
George G. Williams,
Mrs. Cornelius Vanderbilt,
William Waldorf Astor,
Mrs. George Gould,
Mrs. Henry Mortimer Brooks,
James H. Jones,
Alfred Corning Clark,
Mrs. Frederick W. Vanderbilt,
Miss Grace Wilkes,
Mrs. Robert Winthrop,
Mrs. Augustus D. Juilliard,
Mrs. George E. Dodge.

Free Beds.

The sum of $5,000 endows a bed in perpetuity; $3,000 endows one for the life of the donor, and the sum of $250 entitles the donor to it for one year.

1895.

ENDOWED IN PERPETUITY,

In memory of Mrs. ROBERT L. STUART,
By Mr. and Mrs. GEORGE G. WILLIAMS.

1895.

ENDOWED FOR ONE YEAR,

By Mrs. J. HOOKER HAMERSLEY.



(3.) OPERATING ROOM.

TREASURER'S REPORT.

Oct. 1, 1894—Balance on hand this date	$12,458 86
Income from investments	13,452 24
Students' fees	6,590 94
Share in Theatrical and Concert License Fund	300 00
Loan from Chemical National Bank	3,000 00
Loan from Treasurer	727 98
Endowment of bed No. 1 by Mr. and Mrs. Geo. G. Williams in memory of Mrs. Robt. L. Stuart, deceased	5,000 00
Donations	19,172 00
Annual subscriptions	1,266 60
Total receipts to October 1, 1895	$61,968 02

Expenses.

Hospital and Sub-station.

Payment on account of loan of $60,000 from U. S. Trust Co., on purchase of Hamilton Fish property	$18,000 00
Interest on purchase money bond and mortgage of $110,000, including interest to Trust Co. and Chemical National Bank	6,932 33
Taxes and assessments	1,940 30
Expenses of offices of Secretary and Treasurer	250 00
Repayment loan Chemical Bank	3,000 00
Repayment loan to Treasurer	727 98
Equipment	1,357 74
Telephone service	262 52
Gas, Hospital and Sub-station	879 31
Fuel	355 70
Salaries, including rent of Sub-station	9,097 83
Stationery and printing	1,107 98
Postage, etc	52 21
Medical—car fare	1,021 56
Advertising	493 45
Medicines	846 33
Medical supplies	1,253 93
Instruments	398 70
Household supplies	532 04
Repairs and improvements	4,328 97
Laundry	1,681 60
Insurance	40 00
Furniture	1,084 00
Meat	1,687 99
Fish	239 58
Vegetables	324 25

Groceries	$1,448 49
Bread	188 96
Milk	469 17
Oct. 1, 1895—Balance on hand this date	1,965 10
	$61,968 02

E. & O. E.

ROBERT LENOX BELKNAP,
Treasurer.

SOCIETY OF THE LYING-IN HOSPITAL.

DONATIONS.

Miss Ivison	$10 00
Mrs. John H. Adam	5 00
Mrs. Hugh D. Auchincloss	25 00
Mrs. Amanda F. Lauterbach	25 00
Anonymous, through E. L. Baylies	1,000 00
W. K. Vanderbilt	5,000 00
Mrs. George Gould	1,000 00
Wm. Whitewright	100 00
Adrian Iselin	50 00
Miss Furniss	20 00
Mrs. Oscar Strauss	50 00
Robert Goelet	100 00
Mrs. Henry A. C. Taylor	100 00
Mrs. Clarence M. Hyde	25 00
Mrs. Cornelius Vanderbilt	900 00
Mrs. Henry Mortimer Brooks	1,500 00
Mrs. Robert Winthrop	500 00
Mrs. Augustus D. Juilliard	500 00
Mrs. George E. Dodge	500 00
Mrs. Watts Sherman	200 00
Mrs. Ogden Mills	100 00
Mrs. Frederick W. Vanderbilt	1,000 00
Mrs. Elbridge T. Gerry	100 00
Mrs. Charles Carroll Jackson	100 00
Mrs. Case	50 00
Mrs. Astor	50 00
Mrs. Henry White	20 00
Mrs. Hamilton Fish Kean	10 00
Chauncey M. Depew	10 00
Mrs. Dickey	5 00
Anonymous	1 00

Mrs. Abram S. Hewitt	$10 00
Countess De Laugier Villiars	5 00
Mrs. W. Bayard Cutting	100 00
Mrs. A. Cass Canfield	100 00
Miss Jennings	100 00
Mrs. John B. Trevor	100 00
Mr. James H. Jones	1,000 00
Mrs. John A. Weekes	100 00
Mrs. Rogers	25 00
Sewing Class, 131 members	1,310 00
Mrs. S. H. Russell	5 00
Alfred Corning Clark	1,000 00
J. Hooker Hamersley	100 00
Mrs. Susan Tuckermann	25 00
Eleanor Hendricks	20 00
Franklin & Mirsky	5 00
Benjamin Stern	20 00
A. Harowitz	5 00
Harris Levy	5 00
Edward Lauderbach	10 00
A. M. K	3 00
Anonymous (through Wm. A. Duer)	50 00
J. Franklin	1 00
S. Guiterman Charitable Association, by D. Stern, secretary	10 00
M. Strauss	5 00
Mrs. Louis Bierhaff	2 00
Anonymous	2,000 00
	$19,172 00

ANNUAL SUBSCRIBERS.

Anonymous, through Dr. Edgar	$25 00
Mrs. Lloyd Brice	25 00
Mrs. Victor Sorchan	20 00
Mrs. Cornelius Vanderbilt	100 00
Mrs. Wm. D. Sloane	100 00
Mrs. Baylies	10 00
Mrs. Frank Witherbee	10 00
Mrs. Edward Adams	5 00
Mrs. H. Mortimer Brooks	100 00
Mrs. Henry T. Sloane	100 00
Mrs. Charles Cooper	100 00
Mrs. George Boldt	25 00
Miss Frelinghuysen	5 00
Dr. Geo. G. Wheelock	20 00
Hobart Warren	5 00

Mrs. J. O. Donner	$10 00
Mrs. Jonas Kissam	25 00
Mrs. L. K. Wilmerding	5 00
Mrs. Pierre Lorillard, Jr.	10 00
Mrs. Frederic Bronson	100 00
Mrs. William E. Iselin	100 00
Mrs. Wm. Otis	25 00
Mrs. James A. Burden	10 00
Mrs. Walter Damrosch	5 00
Mrs. Wm. H. L. Lee	5 00
Mrs. James L. Breese	5 00
Mrs. Frank Vinton Greene	5 00
Mrs. Robert Cornell	5 00
Mrs. H. Walter Webb	5 00
Mrs. Douglas Robinson	5 00
Miss Eloise Breese	5 00
Mrs. J. Salisbury Breese	5 00
Mrs. J. Kennedy Tod	5 00
Mrs. Nicholas Fish	5 00
Mr. Cornelius Vanderbilt	100 00
Lewis Marshall	10 00
Mrs. L. L. Fisher	10 00
Albert Plaut	10 00
Eugene Littauer	20 00
Isadore Leoensohn	5 00
Joseph Specton	5 00
Jacob H. Schiff	25 00
Samuel Sachs	25 00
Henry Goldman	25 00
Mrs. L. Dreyfus	6 00
Emil S. Levi	25 00
H. Hildberg	10 00
	$1,266 00



(4.) STUDENTS' HISTORY ROOM.

DONATIONS.

Café Savarin, N. Y.—Old Linen.

Mrs. Elbridge T. Gerry—Medicines.

Mrs. R. W. Aborn, President of the Lydia Circle of King's Daughters—Infants' clothing, several donations.

Mrs. Horace Waldo—Infants' and women's clothing.

Mrs. H. S. Henry—Clothing.

Mrs. H. M. Dewees, Secretary Needlework Guild of America—Clothing, several donations.

Mrs. S. Howland Russell—Clothing.

Mrs. J. R. Auchincloss—Wine.

Mrs. M. L. Anderson—Children's clothing.

Mrs. Edgar Hendricks—Clothing.

Mrs. Trenor L. Park—Clothing, fruits and flowers.

Mrs. J. Archibald Murray—Crib fittings.

Mrs. Walter Jennings—Baby clothes.

Mrs. W. Bayard Cutting—Ward trays.

Mrs. A. Cass Canfield—Ward chairs.

Mrs. Cornelius Vanderbilt—Linen and blankets for the entire hospital.

Mrs. Adolf Ladenburg—Infants' clothing.

Mrs. Wm. Kissam Vanderbilt—Flowers.

The sewing class, consisting of one hundred and thirty-one members, very kindly made up fifteen hundred pieces of work, consisting of dresses, caps, skirts, binders, etc., all of which have been of the very greatest use.

Debt of the Society of the Lying-in Hospital.

As stated, the Board of Governors gave back a purchase-money bond and mortgage of $110,000 at 4½ per cent., due in eight years, on taking title to the present hospital property, and also borrowed from the United States Trust Company the sum of $60,000 at 3 per cent.

The Board of Governors gratefully acknowledge the very generous contribution of $10,000 on account of the mortgage, this sum having been deposited in the United States Trust Company and forming a special fund toward its payment.

They have already received from the foregoing liberal subscribers, on account of the $60,000 borrowed, $18,000, leaving balance still due of $42,000.

The total interest charges during the past year to the Society amount, it will be noted in the Treasurer's report, to $6,932.33.

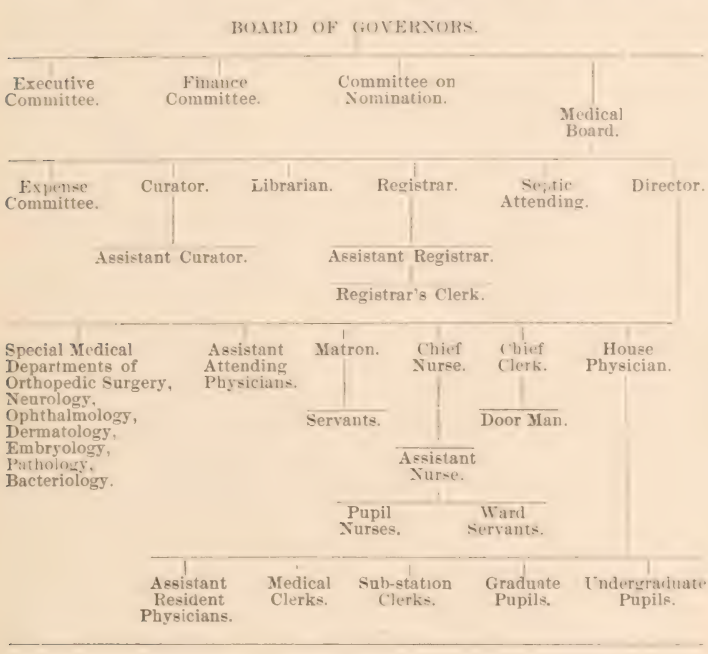
Should further contributions be received from those disposed to aid the Society, the large expense of interest may be reduced and correspondingly more opportunity given the Society to extend its charitable work. Contributions are most earnestly solicited to extinguish the debt on the balance due.



(5.) STUDENTS' DORMITORY.

Government of the Hospital.

The government of the Hospital is carried on by two bodies, the Board of Governors and the Medical Board. The following chart will serve to show diagramatically the relation between these two bodies, and also the relations existing between them and the different departments of the Hospital.



With regard to the relation between the Board of Governors and the Medical Board, it should be said that the Medical Board is present, either as a whole or through its representative the Director, at each regular meeting of the Executive Committee of the Board of Governors. At these meetings the affairs of the Hospital are fully discussed.

Furthermore, the Expense Committee of the Medical Board presents to the Executive Committee at each meeting an estimate of expense for the ensuing month. According to

this estimate, the Executive Committee appropriates a sum total which represents the limit of expenditure for that month. Upon this basis the Medical Board contracts bills for the running expenses of the Hospital.

The following By-Laws present the regulations which control the relations of the Board of Governors with its several Committees and the Medical Board:



(6.) MAIN OFFICE.

BY-LAWS

OF THE

SOCIETY OF THE LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

1895.

CHAPTER I.

Election of Governors.

1. The time for electing Governors on the day prescribed by the Charter or for filling a vacancy among the Governors, shall be from four to five o'clock in the afternoon; and the place shall from time to time be appointed by the Board.

2. Inspectors of the election shall be appointed by the Board, and they shall attend the election and certify the result in writing, which certificate shall be presented to the Board and recorded in its minutes.

3. A person subscribing to the funds of the Society a sum not less than twenty-five dollars, provided his subscription is accepted by the Board, upon being duly nominated and elected by the Governors, may become a member of the Society.

A person subscribing at one time to the funds of the Society the sum of five thousand dollars shall become a Patron of the Society, and any person so subscribing the sum of five hundred dollars shall become a Benefactor of the Society.

4. No person shall be eligible for the office of Governor unless he shall have so subscribed to the funds of the Society at least three months previous to an election.

CHAPTER II.

1. If any Governor shall be absent from three successive stated meetings of the Board, or from three successive stated

meetings of any Committee of which he shall be a member, his place as Governor may be vacated.

CHAPTER III.

Meetings of the Governors.

1. The Board of Governors shall hold stated meetings on the second Wednesday of each month. The hour and place of meeting shall be from time to time appointed by the Board.

2. Special meetings may be called by the President, or in his absence by the Vice-President, or on a written requisition of two Governors.

3. A number of not less five shall be a quorum for the transaction of ordinary business; but for the appropriation or disposal of any of the property or money of the Society, except for the payment of the necessary expenses, a number not less than seven shall be necessary to constitute a quorum, of which number the President, or in his absence the Vice-President, shall be one.

4. At the stated meeting in April, each year, the Board shall elect from its number, by ballot, the President, Vice-President, Treasurer and Secretary, and shall appoint the following Standing Committees, namely:

1. A Finance Committee, to consist of three Governors.

2. An Executive Committee to consist of five Governors.

3. A Committee on Nominations, to consist of three Governors, to whom shall be referred the names of all candidates who may be proposed for election to the office of Governor, and of all nominations for vacancies occurring in any of the other offices of the Society, whenever they may occur.

5. The following shall be the order of business of the meetings of the Board:

1. Reading of the Minutes of last meeting.

2. Reading of the Minutes of Standing Committees.

3. Reports of Officers of the Board.
4. Reports of Standing or Special Committees.
5. Unfinished Business.
6. Miscellaneous Business.

CHAPTER IV.

Duties of Officers.

1. The President, or Vice-President, together with the Secretary, may, upon the payment of the principal and interest of any bond or mortgage held by the Society, execute a certificate of satisfaction thereof, or an assignment of the same without recourse.

2. The Treasurer shall have the custody of the funds of the Society, which shall be deposited in a Bank or Trust Company, to be designated by the Board, and he is authorized to receive the interest or dividends on all securities and to give receipt therefor. In case of his absence or disability, the President or Vice-President is authorized to receive such interest or dividends.

3. The Treasurer shall keep books of account, and at each stated meeting shall make a report of the several sums by him received and expended.

4. The Secretary shall have the custody of the records and papers of the Society, other than the securities and medical records; he shall keep fair and accurate minutes of the proceedings of the Board, and notify the Governors of the meetings. He shall cause notice of the election for Governors to be published as required by the Charter. He shall have the custody of the corporate seal of the Society.

CHAPTER V.

Finance Committee.

1. The Finance Committee shall, from time to time, give directions to the Treasurer in regard to the investment of the funds of the Society, and no change shall be made in any investment without the authority of the said Committee.

They shall, as often as once in six months, examine the Treasurer's accounts and make a report to the Board of the condition of the finances of the Society.

CHAPTER IV.

Custody of Securities.

1. All securities shall be kept in a Safe Deposit Company to be selected by the Board, to which access shall be obtained by the Treasurer when accompanied by a member of the Finance Committee.

2. A Record Book shall be kept in which all visits to the safe deposit box shall be entered, with full particulars of the object of the visit. This entry shall be signed by the visitors, and the Record Book shall be submitted to the Board at each meeting.

CHAPTER VII.

Executive Committee.

1. The Executive Committee shall have the supervision of all buildings and improvements belonging to the corporation, and shall hold stated meetings at least once in each month, and as often as the exigencies of business may require.

2. They shall audit the bills on receiving them from the Medical Board, and make a draft on the Treasurer for the amount of the same. At their succeeding meeting they are to examine all such bills to see that they are duly receipted. They shall notify the Medical Board each month of the total amount of money which may be expended for all running expenses during the following month.

3. They shall keep a book of minutes and enter therein such business as may come before them, which book must be laid before the Governors at every monthly meeting.

4. The Committee may direct the expenditure of money or clothes for the relief of patients who, from extreme poverty or circumstances of peculiar distress, may need such aid.

5. Whenever they think it necessary that a special meeting of the Governors should be called, they shall apply for that

purpose to the President or in his absence to the Vice-President. In the absence or inability of both to act, such meetings may be called by the Chairman of the Executive Committee.

CHAPTER VIII.

Medical Board.

1. The Board of Governors shall at their first meeting after the annual meeting of the Society elect four physicians to hold office for one year, who shall be exempt from continual attendance at the Hospital, but shall be considered as counselors.

2. The Consulting Physicians shall nominate to the Board of Governors for appointment five members of the medical profession, who shall be known as the Attending Physicians, who shall hold office for one year, and who, with the consulting physicians, shall constitute the Medical Board, no member of which shall, as such, receive any salary for his services.

3. The Medical Board shall be known as the Medical Board of the Society of the Lying-in Hospital of the City of New York, and shall organize as such by the appointment of a President and Secretary, and such other officers as they may deem proper.

4. The Medical Board shall be responsible to the Board of Governors for conducting the professional and educational work of the institution. They shall prescribe such rules for the admission, treatment and discharge of patients, for the government of students and for the regulation of the service as shall seem to them best, but such rules shall be approved by the Board of Governors before going into effect.

5. The Medical Board shall nominate to the Board of Governors for appointment physicians to be known as Assistant Attending Physicians, to serve until the close of the term of the Medical Board, and under its direction.

6. The Medical Board shall appoint the physicians to serve on the House Staff, and shall regulate and prescribe their duties. It shall also employ clerks, servants, nurses

and all other persons needful and necessary for the conduct of the work of the Hospital, and prescribe the duties of each. It shall purchase all supplies and superintend the making of all repairs, the bills for which shall, when approved, be sent to the Executive Committee for payment.

7. No expense shall be incurred by the Medical Board in any month in excess of the amount which has been certified to it by the Executive Committee as being available for that month, and no extraordinary expenditures shall be incurred without conference with the Executive Committee or the Board of Governors as to the means to provide for the same.

8. No physician, officer, nurse or servant of this institution shall accept any gift or bequest from or on behalf of any patient.

CHAPTER IX.

Persons may endow beds in the Society's Hospital as follows: By a payment of $5,000 a bed may be endowed in perpetuity; by a payment of $3,000 a bed may be endowed for one life; by a payment of $250 a bed may be endowed for one year. Persons so endowing beds shall have such rights in respect to naming patients to the Society for treatment as the Governors shall from time to time prescribe.

CHAPTER X.

Amendments to By-Laws.

1. Any alteration or amendment of these By-Laws must be proposed in writing at a stated meeting of the Governors, but cannot be acted upon until a subsequent stated meeting, when the same may be adopted, provided a majority of the Governors shall approve thereof, but no change in any By-Law affecting the relation of the Medical Board to the Medical or Educational work of the Society shall be adopted except after consultation with and with the assent of said Medical Board.

2. These By-Laws shall take effect immediately, and all other By-Laws of the Society are repealed.

In accordance with sections 4 and 6 of chapter VIII. of the By-Laws the Medical Board has formulated the following rules and regulations:



(7.) LIBRARY AND MEDICAL BOARD ROOM.

RULES AND REGULATIONS.

CHAPTER I.

The Medical Board.

1. The Medical Board shall meet weekly at the Hospital Building.

2. The order of business at this meeting shall be as follows:

1. Calling of the roll.
2. Reading of the minutes of the previous meeting.
3. Report of Director.
4. Reports of Curator, Librarian, Registrar and Septic Attending.
5. Report of Expense Committee.
6. Unfinished business.
7. Miscellaneous business.

The Director shall preside at these meetings in the absence of the President. The Septic Attending shall act as Secretary in the absence of that officer.

3. The Medical Board shall at all times constitute an Inspection Committee of the Hospital.

4. The members of the Medical Board shall report to the Director any infringement of the rules of the Institution which may come under their personal observation.

5. The Medical Board shall be represented at the meetings of the Executive Committee, and at the regular meetings of the Board of Governors by the Director.

6. The Attending Physician shall serve in regular rotation for periods of two months; the first month as Director, the second month as Septic Attending.

7. Any Attending Physician may retain any case after operation, or any post-partum case of special interest after his term of office is over, and not transfer the same to his successor; and any case once operated upon by any Attending

Physician must always be referred to that same physician for subsequent operation.

8. The member of the Medical Board next in order of rotation shall take the service of the Director whenever the latter is incapacitated from serving.

9. The member of the Medical Board who last served on Septic duty shall take the service of the Septic Attending whenever the latter is incapacitated from serving.

10. Any member of the Medical Board who may require a substitute under the operation of Rules 8 and 9 shall promptly notify such substitute upon his departure and upon his return.

CHAPTER II.

The Expense Committee.

1. The Expense Committee shall consist of two members of the Medical Board, neither of whom shall be the Director. Each member of the Medical Board shall serve on the Expense Committee during the two fiscal months following his month of service as Director. The fiscal month shall end on the fifteenth of each calendar month.

2. The Expense Committee shall inspect all bills and sources of expense of the month previous to their month of service, in order that any feasible retrenchment may be effected and that no source of expense may increase without good cause.

3. The Expense Committee shall inspect all requisitions submitted by the Director, and, if approved, shall sign the same.

4. The Expense Committee shall present the bills of their month of service, duly certified as correct, to the Medical Board at their meeting immediately preceding the regular monthly meeting of the Executive Committee of the Board of Governors. They shall report at the same meeting concerning any peculiar past expenditures, and shall present an estimate of total expenses for the following month.

5. The Expense Committee shall apply to the Executive Committee of the Board of Governors for the sum approved by the Medical Board.

6. The Expense Committee shall incur no debt in excess of the amount previously authorized by the Executive Committee of the Board of Governors.

CHAPTER III.

Curator.

1. The Curator shall be chosen from the Medical Board, and shall serve for one year.

2. The Curator shall oversee the work of the Assistant Curator.

3. The Curator shall cause to be kept a list of all specimens received, and shall report from time to time their condition to the Medical Board.

CHAPTER IV.

Assistant Curator.

1. The Assistant Curator shall be a regular graduate in medicine and shall be appointed by the Medical Board.

2. The Assistant Curator shall receive all specimens from the several departments, and see that they are properly mounted and labeled. He shall be responsible to the Curator for their good preservation.

CHAPTER V.

Librarian.

1. The Librarian shall be chosen from the Medical Board and shall serve for one year.

2. The Librarian shall have charge of the Library and of all books, periodicals and journals belonging to the Hospital.

3. The Librarian shall see that all such books, periodicals and journals are properly stamped with the stamp of the Hospital Library.

4. The Librarian shall keep a card index catalogue of all books, periodicals and journals in the Library.

5. He shall see that all periodicals and journals are properly bound as soon after the completion of each volume as may be expedient.

6. The Librarian shall purchase books only after they have been ordered by the Medical Board, and shall renew all subscriptions to regular periodicals when necessary.

7. The Librarian shall have charge of those Medical Reports of the Hospital which may remain after the annual distribution made by the Registrar.

8. The Librarian shall report to the Medical Board concerning moneys paid out and cash on hand, at least once a month at their regular meetings.

CHAPTER VI.

The Registrar.

1. The Registrar shall be chosen from the Medical Board and shall serve for one year.

2. The Registrar shall oversee the work of the Assistant Registrar and of the Registrar's Clerk.

3. The Registrar shall compile the annual report to the Board of Governors and the statistical analysis of the year's work.

CHAPTER VII.

The Assistant Registrar.

1. He shall be a regular graduate in medicine and shall be appointed by the Medical Board.

2. He shall have general oversight of the Registrar's Clerk.

3. He shall inspect the finished histories and shall write the proper confinement numbers, the diagnosis of the obstetric presentation and of all complications and shall indicate the number of cards required for the card index.

4. He shall perform such other duties as the Registrar may direct.

CHAPTER VIII.

The Registrar's Clerk.

1. He shall be at the Hospital daily, except Sundays from 9 A. M. till 5 P. M.

2. He shall be under the supervision and direction of the Registrar and the Assistant Registrar.

3. He shall compile the statistical records of the Hospital and shall have charge of the finished histories, and prepare the same for binding.

4. He shall do such other work as the Medical Board may direct.

CHAPTER IX.

The Septic Attending.

1. He shall not be required to visit the Hospital unless he shall be specially notified by the Director.

2. He shall take personal charge of all cases presenting any symptoms of septic infection thus referred to him.

3. He shall make a weekly report to the Medical Board concerning the cases referred to him.

4. He shall be assisted in his work by that member of the Resident Staff who holds the position of Physician on Septic and History duty.

5. He shall deliver lectures each week in the lecture-room of the Hospital upon the subjects prescribed by the Medical Board.

6. He shall be at liberty to place the cases referred to him in the care of his own Assistant Attending Physician without infringing upon Rule 9, Chapter I.

CHAPTER X.

The Director.

1. The Director shall have the general oversight of the Hospital, and manage the several Departments. He shall present to the Expense Committee estimates for all expenditures, and report each week to the Medical Board the condition of the different departments under his charge.

2. The Director shall make requisitions for the several departments, and forward the same to the Expense Committee.

3. The Director shall cause to be kept such books as may be necessary to preserve a monthly record of goods received

and of goods dispensed from the storerooms of the different departments. He shall each month balance said books and inspect the requisitions receipted by the heads of the several departments.

4. The Director shall see that the inventories of properties of the several departments are kept in proper condition.

5. The Director shall visit the Hospital daily, and shall sign the attendance-book, stating hour of arrival and departure.

6. The Director shall receive a report of the past twenty-four hours from the Resident Physician.

7. The Director shall visit any case presenting a complication, in company with the Resident Physician or the Assistant having charge of such case.

8. The Director shall, at his discretion, cause notice to be sent to each of the other members of the Medical Board in cases of sufficient interest.

9. The Director shall oversee the instruction given to the pupils, and shall personally do as much of this instruction as he may deem necessary.

10. The Director shall deliver lectures each week in the lecture-room of the Hospital upon the subjects prescribed by the Medical Board.

11. The Director shall make a weekly report to the Medical Board concerning his term of service in the book provided for that purpose.

12. The Director shall determine when the Septic Attending shall be called, and what cases it is necessary to refer to him.

CHAPTER XI.

The Assistant Attending Physicians.

1. Each Assistant Attending Physician shall serve in regular rotation during the terms of service of his respective Attending Physician.

2. Each Assistant Attending Physician shall be present in the examining-rooms one day in each week for purposes of

instruction and for the purpose of assuring accuracy in diagnosis and in the recording of abnormalities.

3. The Assistant Attending Physician of the Director shall hold a formal recitation each week upon the work of the Hospital and upon the subject-matter of the lectures given by the Director and the Septic Attending.

4. He shall deliver one lecture each week to the nurses.

5. He shall do such other work as the Director may request.

CHAPTER XII.

The House Physician.

1. He shall be a regular graduate of medicine and shall be appointed for a period of six months.

2. He shall reside at the Hospital.

3. He shall not be absent at the usual hours of attendance of the Director, unless in the service of the Hospital.

4. He shall place an assistant in charge whenever it is necessary for him to leave the Hospital.

5. He shall not leave the city without the consent of the Director and shall never sleep out of the house.

6. He shall be entitled to a vacation of two weeks in six months and shall be required to provide a satisfactory substitute during his absence.

7. He shall attend to no other business than that of the Hospital, nor shall he engage in private practice for his own account.

8. He shall superintend the instruction of pupils.

9. He shall report immediately to the Director and to his Assistant Attending Physician any abnormal presentation or position and any case requiring operative interference. He shall do only that which he deems necessary for the safety of the mother or child before the arrival of the Director or his Assistant Attending Physician.

10. He shall see that the Resident Staff is notified of all cases occurring in the Hospital.

11. He shall assign their work to members of the staff and to the students.

12. He shall keep himself informed of the condition of each patient in the service of the Hospital and shall see that she is visited by the staff at the proper times.

CHAPTER XIII.

1—The Assistant Resident Physician.

1. They shall be regular graduates in medicine and shall be appointed for a period of six months.

2. They shall reside in the Hospital.

3. They shall not leave the city without the consent of the Director and shall never sleep out of the house.

4. They shall attend to no other business than that of the Hospital, nor shall they engage in private practice for their own account.

5. They shall be entitled to two weeks' vacation, but must furnish, during their absence, a substitute who shall be acceptable to the Director.

6. They shall, when absent from the premises otherwise than in the service of the Hospital, record the hour of their departure and their return, and shall report personally to the House Physician when they leave and when they return to duty.

7. They shall be under the direction of the House Physician and shall assist him in the instruction of the pupils and in the treatment of the patients in any manner that he may direct.

8. The Assistant Resident Physician left in charge of the Hospital during the absence of the House Physician shall assume all the duties and responsibilities of the latter.

9. Any Assistant Resident Physician in charge of a patient in the out-door service of the Hospital shall immediately notify the House Physician by telephone if any operative interference is required. He shall do only that which he deems necessary for the safety of the mother or child before the arrival of the House Physician.

10. Each Assistant Resident Physician shall be allowed leave of absence once a week, from two o'clock until midnight,

unless the necessities of the service should prevent. Permission for leave of absence, other than the above, will be granted only in extraordinary cases.

11. Each Assistant Resident Physician shall serve, as he may be assigned, on Septic and History duty, on out-door and on in-door service.

12. The Physician on Septic and History Duty.

a. He shall take the ante-partum histories of applicants.

b. He shall see that records of labor cases, post-partum records and records of operations are promptly and correctly recorded.

c. He shall assign the post-partum work to students and receive their reports of such cases.

d. He shall instruct the students in regard to the contents of labor and post-partum bags, the uses of the same and the proper methods of conducting, reporting and recording labor and post-partum work.

e. He shall attend to the urinalysis and record the same on the proper blanks.

f. He shall daily correct and review the records taken by the pupils, and shall exhibit them to the Assistant Registrar at his visits.

g. He shall keep a correct record of post-partum cases on the post-partum slate.

13. Physicians on Out-door Service.

a. They shall visit such cases as the House Physician may direct.

b. They shall report, in writing, upon the cases visited to the House Physician upon their return to the Hospital.

c. They shall write on the proper records an account of all operations done by them immediately upon their return from the same.

d. They shall call the Assistant Attending Physician on duty in the examining-rooms to examine all abnormalities which they may discover among the pregnant women examined.

In the absence of this officer they shall call upon the House Physician for this same purpose.

e. They shall rotate in a prescribed order on day and night call; the day men shall answer all labor calls received before midnight; the night men shall answer all labor calls received before nine o'clock in the morning.

f. They shall instruct the students when visiting cases of labor and see that they are following the rules in regard to the work.

14. The Physician on In-door Service.

a. He shall assist the House Physician in the confinement and treatment of ward patients.

b. He shall be responsible for the histories of the ward patients.

c. He shall accompany the Attending and Resident Physician on rounds and perform such other duties as may be assigned him by the House Physician.

15. Assistant Resident Physicians, not on duty in the In-door Service, shall not enter the wards or delivery room without permission and shall give no orders concerning the ward patients.

16. The Assistant Resident Physicians not on Septic and History duty shall not loiter in the office.

CHAPTER XIV.

The Medical Clerks.

1. The Day Clerk shall be at his desk from 9.00 A. M. to 9.00 P. M.

2. The Night Clerk shall be at his desk from 9.00 P. M. to 9.00 A. M.

3. They shall receive calls, and dispatch students in regular turn to cases, under the supervision of the House Physician.

4. They shall receive all medical reports from cases in labor and shall stamp them with the time clock and have them countersigned by the Resident Physician.

5. They shall ascertain whether students have made their post-partum calls before sending them out on labor cases.

6. They shall ascertain whether any students remaining on cases of labor have post-partum calls to make; in such event they shall report the fact to the House Physician, that the students may be relieved if necessary.

7. They shall, during the absence of the Physician on Septic and History duty, receive the report of students regarding their post-partum cases, and give such reports to the Septic Physician on his return.

8. They shall receive applicants for ante-partum examinations and for admission to the Hospital.

9. They shall keep a record, in the books set apart for the purpose, of all applications and discharges.

10. They shall keep upon the proper cards a monthly record of all cases delivered, and another of all operations performed.

11. They shall fill out and sign the necessary certificates of births, still-births and deaths, and forward them to the Board of Health as required by law, after they have been signed by the House Physician.

12. They shall see that the Case-book is properly written up immediately after the return of pupils from a case, and that the case is entered upon the monthly record card.

CHAPTER XV.

Sub-station Clerks.

1. The Day Clerk shall be at his desk from 7.00 A. M. to 7.00 P. M.

2. The Night Clerk shall be at his desk from 7.00 P. M. to 7.00 A. M.

3. They shall receive calls and report immediately by telephone to the main Hospital.

4. They shall receive medical reports from patients and transmit them by telephone to the main Hospital.

5. They shall keep a record of all messages transmitted in accordance with rules 3 and 4, and shall record the time at which they are received.

6. They shall be authorized to transmit orders from the main Hospital to students and Assistant Resident Physicians who may be on duty in the service of the Sub-station.

7. They shall be allowed leave of absence for half a day once in each week.

8. They shall be responsible for the cleanliness of the Sub-station.

CHAPTER XVI.

Graduate Pupils.

1. Each Graduate Pupil shall, before going on duty, pay to the Chief Clerk the prescribed fee, which will entitle him to reside at the Hospital and receive the regular instruction for the period of one month.

Students or Graduates wishing to remain a longer or a shorter period of time will be allowed to make special contracts subject to the approval of the Medical Board.

2. Any Graduate Pupil wishing to leave the Hospital before his allotted term of service has expired, must notify the Director at least forty-eight hours before leaving.

3. Any Graduate Pupil may be denied the use of the Hospital at the discretion of the Director.

4. All Graduate Pupils shall be under the direct control of the House Physician.

5. No Graduate Pupil shall be absent from the Hospital all night except in the discharge of his duty. He shall board in the neighborhood at his own expense and shall report to the Medical Clerk upon going to his meals and upon returning from them.

6. Graduate Pupils shall be assigned cases in regular rotation with the Undergraduate Pupils, but they may at their discretion forfeit their turn. They must, however, continue in the care of every case which they have once assumed.

7. They shall visit each case twice daily for the first three days, and then once a day, or oftener if necessary, until the ninth day or as long as the case may require attention.

8. They shall after each visit report the patient's condition to the Assistant Resident Physician on Septic and History duty or in his absence to the Medical Clerk. He must take charge of at least fifteen cases during the month of service.

9. All Graduate Pupils, on returning from a case, shall immediately make the entry of their notes upon the proper blanks provided by the Hospital.

10. No Graduate Pupil, while in the performance of his duties, shall advise or prescribe for any patient who may apply to him, without consultation with a member of the Resident Staff.

11. Graduate pupils shall not perform any obstetric operation, nor interfere with any mal-presentation, nor give an intra-uterine douche, but if he deem such interference necessary he shall send immediately to the Hospital for assistance.

12. Graduate Pupils shall be furnished by the Hospital with clinical thermometers, tape measures, locker keys and stethoscopes on receipt of the prescribed deposit. Pupils shall be responsible for the return of these articles in good condition.

13. Graduate pupils, when sending to the Hospital for help, shall invariably fill out the blanks provided for that purpose, being particular to note the time and reason for sending.

14. Graduate Pupils shall perform such operations as the Director may at his discretion allow.

15. No Graduate Pupil shall receive personal remuneration from a patient under any circumstances.

16. Each Graduate Pupil shall, before going on duty, deposit with the Chief Clerk the sum of ten dollars as security for the cost of keys, thermometer, tape measure and stethoscope, and as a guarantee that he will attend fifteen cases, and serve his full month. This deposit will be forfeited in case the Pupil leaves or is dismissed before the end of his full term of service. Any Graduate Pupil may be dismissed by the Director, subject to the approval of the Medical Board.

17. Graduate Pupils taking this course must agree not to engage in any surgical, pathological or septic work.

18. Each Graduate Pupil at the termination of his service, provided he shall have performed his duties faithfully and for the full time of his appointment, to the satisfaction of the Medical Board and the Governors, may receive from them a certificate thereof.

CHAPTER XVII.

Undergraduate Pupils.

1. Each pupil shall, before going on duty, pay to the Chief Clerk the prescribed fee, and will, in return, receive a receipt which will entitle him to reside at the Hospital and receive the regular instruction for the period of two weeks. Students or graduates wishing to remain a longer or a shorter period of time will be allowed to make special contracts, subject to the approval of the Medical Board.

2. Any pupil wishing to leave the Hospital before his allotted term of service has expired, must notify the Director at least forty-eight hours before leaving.

3. Any pupil may be denied the use of the Hospital at the discretion of the Director.

4. All pupils shall be under the direct control of the House Physician.

5. No pupil shall be absent from the Hospital all night, except in the discharge of his duty. They shall board in the neighborhood at their own expense. They shall report to the Medical Clerk upon going to their meals and upon returning from them.

6. Pupils shall be assigned cases in regular rotation. If the pupil on turn be out in the duty of the Hospital when a case comes in, he shall lose the case, but he shall not lose his turn. If, however, he be absent on his own pleasure, he shall lose both the case and his turn. A case thus transferred goes to the pupil next in the order of rotation.

7. No pupil shall be present at any labor not falling to him in turn, except in the case of operations, and only in such cases as the Director shall permit.

8. Each pupil shall visit twice daily, or oftener if necessary, post-partum cases assigned to him, and also such other cases as the House Physician shall direct. He shall, at these visits, observe the strictest antisepsis, and shall report after each visit the patient's condition to the Assistant Resident Physician on Septic and History duty, or in his absence to the Medical Clerk.

9. All pupils, on returning from a case, shall immediately make the entry of their notes upon the proper blanks provided by the Hospital.

10. No pupil, while in performance of his duties, shall advise or prescribe for any patient who may apply to him.

11. No pupil shall perform any obstetric operation, nor interfere with any mal-presentation, nor give an intra-uterine douche. If he deem such interference necessary, he shall send immediately to the Hospital for assistance.

12. Pupils shall be furnished by the Hospital with clinical thermometers, tape measures, locker keys and stethoscopes on receipt of the prescribed deposit. Pupils shall be responsible for the return of these articles in good condition.

13. Pupils, when sending to the Hospital for help, shall invariably fill out the blanks provided for that purpose, being particular to note the time and reason for sending.

14. Pupils shall, at the discretion of the Director, be isolated from attending normal cases of labor, to attend any septic case that may arise.

15. No pupil shall receive personal remuneration from a patient under any circumstances.

16. Each pupil shall, before going on duty, deposit with the Chief Clerk the sum of ten dollars as security for the cost of keys, thermometer, tape measure and stethoscope, and as a guarantee that he will serve his full fourteen days. This deposit will be forfeited in case the pupil leaves or is dismissed before the end of his full term of service. Any pupil may be dismissed by the Director, subject to the approval of the Medical Board.

17. Pupils shall serve for a term of two weeks from 9 o'clock in the morning on the date of appointment until 12

o'clock noon on the fifteenth day thereafter, or until they shall have made, reported and recorded their post-partum calls for that day.

18. Each pupil at the termination of his service, provided he shall have performed his duties faithfully, and for the full time of his appointment, to the satisfaction of the Medical Board and of the Governors, may receive from them a certificate thereof.

CHAPTER XVIII.

Chief Clerk.

1. He shall be under the control and direction of the Medical Board, performing such duties as the Director may order.

2. He shall have a desk in the Director's office, where he shall be on duty from 9 A. M. to 6 P. M.

3. He shall receive and register all students and shall keep a record of all fees and diplomas. He shall see that each student before going on duty signs and receives a copy of the Rules of the Hospital.

4. He shall perform the clerical work of the Director and keep the accounts.

5. He shall purchase all supplies and shall forward to each dealer the original requisition of the Director after it is countersigned by one of the Expense Committee.

6. He shall receive all goods purchased by him, and be responsible for their delivery to the proper departments of the Hospital.

7. He shall require each Head of Department to sign the duplicate requisitions and keep the same as a voucher of the proper distribution of all purchased goods.

CHAPTER XIX.

Doorman.

1. He shall be on duty from 9 A. M. to 6 P. M., and shall have a desk at the front hall.

2. He shall be under the control of the Director and the Chief Clerk.

3. He shall answer all calls at the main entrance and shall do errands and such clerical work as the Director may order.

CHAPTER XX.

Chief Nurse.

1. She shall be a Graduate of some Training School.

2. She shall reside in the Hospital.

3. She shall be entitled to two weeks vacation in each six months.

4. She shall instruct the Assistant and Pupil Nurses in such subjects as the Medical Board shall direct.

5. She shall be present at all operations, and oversee the work in the Out-patient Department.

6. She shall be responsible for all Medical Supplies in stock, and shall keep the extra supplies of these in the proper storeroom. She shall notify the Director when supplies are needed. She shall keep in the book provided therefor a list of all receipts and disbursements of goods to and from that storeroom, and shall exhibit the same to the Director at least once a month.

7. She shall sign the proper voucher that all goods are received in the storeroom from the Chief Clerk.

8. She shall be responsible for the cleanliness of the wards, operating-room, outdoor department and nurses' apartments.

9. She shall arrange and supervise the work of the ward servants.

CHAPTER XXI.

Assistant Nurses.

1. They shall be entitled to two weeks vacation in each six months.

2. They shall oversee the preparation of dressings and of the labor and post-partum bags.

3. They shall assist in making ante-partum examinations in the examining-rooms.

4. They shall assist at operative cases when required to do so by the Attending or Resident Physicians.

5. They shall reside in the house.

6. They shall be under the supervision of the Chief Nurse in regard to their hours of service.

7. They shall do such other work as the Chief Nurse may direct.

CHAPTER XXII.

Pupil Nurses.

1. Nurses who have already received at least six months training in a general or other hospital shall be admitted as Pupil Nurses in this Hospital.

2. They shall be lodged and boarded in the Hospital, but shall receive no salary.

3. They shall be on day duty from 8 A. M. to 7 P. M.

4. They shall be on night duty from 7 P. M. to 8 A. M.

5. Day Nurses shall be in their rooms at 10 P. M. Night Nurses shall be in their rooms at 10.30 A. M., unless special permission to the contrary has been granted by the Chief Nurse.

6. Pupil Nurses shall attend the regular classes and lectures, unless Hospital duties prevent or leave of absence has been granted by the Chief Nurse.

7. They shall wear the regular uniform of the school to which they belong, and if not connected with any school they shall wear the uniform prescribed by this Hospital.

8. They shall not loiter in the wards or main halls of the Hospital when not on duty.

9. They shall be responsible for the condition of their rooms.

CHAPTER XXIII.

Ward Servants.

1. They shall reside in the Hospital.

2. They shall be under the supervision of the Chief Nurse in regard to their hours of service and the performance of their work.

3. They shall be in their rooms at 10 P. M.

CHAPTER XXIV.

Matron.

1. The Matron shall have charge of the general storeroom. She shall issue all supplies to the kitchen and shall keep a record of the same in the book provided for the purpose. She shall notify the Director when supplies are needed.

2. She shall sign the proper vouchers that all goods are received in the storeroom from the Chief Clerk.

3. She shall have charge of the linen of the Hospital and shall keep a record of the same.

4. She shall be responsible for the cleanliness of the Hospital with the exception of the wards, the outdoor department, the operating-room and the nurses' apartments.

5. She shall arrange and supervise the work of the servants.

CHAPTER XXV.

Servants.

1. They shall be under the supervision of the Matron in regard to their hours of service and the performance of their work.

2. They shall be in their rooms at 10 P. M.

CHAPTER XXVI.

Special Medical Department.

Orthopædic Surgery,	Embryology,
Neurology,	Pathology,
Ophthalmology,	Bacteriology.
Dermatology,	

1. The Heads of these Departments shall either see in consultation or take charge of such cases as the Director may request.

2. They shall provide the House Physician with a written report of their examination of such cases. Published record of such cases shall first appear in the Hospital reports.

3. They shall forward to the Curator of the Museum all specimens and photographs of cases.

4. They shall give clinical instruction to the staff and pupils upon the cases referred to them.

CHAPTER XXVII.

The Admission of Patients.

Out-door Service.

1. Patients shall apply in person at the main Hospital daily from 2 to 4 P. M. They shall be examined and shall receive a card of admission to this service.

2. Patients shall send their card to the Hospital or to one of the Sub-stations whenever labor begins.

3. Patients shall send a specimen of urine to the Hospital at regular intervals, as ordered by the House Physician.

4. Emergency cases may be admitted to the service whenever the number of patients to whom cards of admission have been issued is not too great to prevent.

In-door Service.

1. Patients shall apply in person at the main Hospital daily from 2 to 4 P. M. They shall be examined and shall receive a card of application which shall entitle them to admission to the hospital wards during the last two weeks of pregnancy.

2. Patients shall present their card at the main Hospital whenever labor begins or on the date specified by the card.

3. Patients in whom any complication of pregnancy occurs and pregnant women who are destitute or homeless may be admitted at any period of their pregnancy.

4. There shall be posted in the office daily the number of vacant beds for the information of the House Physician.

5. Any Attending Physician not on duty may send to the Hospital suitable patients, provided that not more than one bed is thus occupied at any one time.

CHAPTER XXVIII.

House Rules.

1. Patients may not enter any part of the Hospital other than the ward floors without the permission of the Chief Nurse or House Physician.

2. Patients may not leave the Hospital premises without permission of the House Physician.

3. Patients may not receive from any source articles of food or drink, except by permission of the House Physician.

4. Patients must surrender to the Nurse any articles of value they may have, and the Nurse in turn shall deliver them to the Chief Clerk for safe keeping. The Nurse shall record these in the proper book and have this countersigned by the Chief Clerk.

5. Patients may receive visitors only in the reception-room of the out-door department.

6. Patients whose condition warrants may see their friends in the wards at the discretion of the House Physician.

CHARTER OF THE SOCIETY OF THE LYING-IN HOSPITAL.

AN ACT to incorporate the Society of the Lying-in Hospital of the City of New York.

Passed March 1, 1799, chapter xxiii., Laws of 1799.

WHEREAS, THOMAS PEARSALL, JOHN CHRISTOPHER KUNZE, ROBERT LENOX, CORNELIUS RAY, ARCHIBALD GRACIE, JOHN STARK ROBERTSON, HENRY REMSEN, WILLIAM HOUSTOUN, ANDREW HAMERSLEY, JOHN CHARLTON, DAVID M. CLARKSON, WILLIAM JAUNCEY, J. C. VANDEN HEUVEL and others, influenced by principles of benevolence and charity, associated as an institution, under the style of The Society of the Lying-in Hospital of the City of New York, for the useful purpose of establishing an asylum for the reception of women in a state of pregnancy who are unable to procure the necessary medical assistance and nursing during the period of their confinement in child-bed, by their petition presented to the Legislature, have prayed to be incorporated, the better to enable them to carry into effect the salutary object of their institution; therefore,

Be it enacted by the People of the State of New York, represented in Senate and Assembly, That all such persons as now are, or hereafter shall be, members of the said institution, shall be and hereby are ordained, constituted and declared forever a body corporate and politic, in fact and in name, by the name of "The Society of the Lying-in Hospital of the City of New York," and by that name they and their successors shall and may have continuous succession, and shall be persons in law capable of suing and being sued, pleading and being impleaded, answering and being answered unto, defending and being defended, in all courts and places whatsoever, in all manner of actions, suits, complaints, matters and cases whatsoever; and that they and their successors may have

a common seal, and may change and alter the same at their pleasure; and also that they and their successors, by the name of "The Society of the Lying-in Hospital of the City of New York," shall be in law capable of purchasing, receiving, holding and conveying any estate, real or personal, for the use of the said corporation. Provided that the lands, teneme and hereditaments, which it shall be lawful for the said corporation to hold, shall be only such as shall be requisite for the purpose of erecting a public building, and such houses or other buildings as may be suitable and necessary to the nature of the said institution, or such as shall have been *bona fide* mortgaged to it by way of security, or conveyed to it in satisfaction of debts previously contracted in the course of its business or purchased at sales on judgment, which shall have been obtained for such debts; and with regard to all such lands, tenements and hereditaments so to be held by the said corporation as aforesaid, except such as may be for its immediate accommodation as aforesaid, or such as it may hold by way of mortgage, and whereof the actual possession shall be and remain in the mortgagors, their heirs or assigns, the said corporation shall be bound to sell and dispose of the same respectively within five years after it shall acquire the same, and shall not be capable of holding the same after the expiration of the said five years.

And be it further enacted, that all persons who now are members of the said institution, or shall at any time hereafter subscribe to the same, shall be deemed and taken for members of this corporation, and that the property and concerns of the said corporation shall be managed and conducted by thirteen governors, to be chosen by ballot, by and from the said subscribers; that the following persons (that is to say), Thomas Pearsall, John Christopher Kunze, Robert Lenox, Cornelius Ray, Archibald Gracie, John Stark Robertson, Henry Remsen, William Houstoun, Andrew Hamersley, John Charlton, David M. Clarkson, William Jauncey, J. C. Vanden Heuvel, shall be the present governors of the said corporation and shall continue in office until the second Wednesday in

April, in the year one thousand eight hundred, when a new election shall be made at the hour and place to be appointed by the said governors; that the election for governors after the year one thousand eight hundred shall be held annually on the second Wednesday in April, at such place and hour as the majority of the governors for the time being shall appoint, of which election public notice shall be given by the said governors for the space of one week, in two of the daily newspapers printed in the said city; that if any vacancy shall happen among the said governors (so elected) by death, resignation or removal, such vacancy shall be filled by a special election for the purpose, to be held in the same manner as the annual elections are made, and at such time and place as shall be provided for by the by-laws of the said corporation, and in case it should happen that an election of governors should not be held on any day, when, pursuant to this act it ought to have been made, the Corporation shall not for that cause be deemed to be dissolved; but it shall and may be lawful, on any other day, to hold an election of governors in such manner as the by-laws of the said Corporation shall prescribe.

And be it further enacted, that the governors shall not take or receive any compensation for their services; and for the time being shall have power to make and prescribe such by-laws, rules and regulations as to them shall appear needful and proper, touching the management and disposition of the stock, property, estate and effects of the said corporation, and touching the duties and conduct of the officers of the said corporation, and touching all other matters as appertain to the business ends and purposes for which the said corporation is by this act instituted; and shall also have power to appoint an apothecary, house-pupils, matron, steward, nurses and servants for carrying on the business of the said institution.

Provided, that for the appropriation or disposal of any of the capital stock, a number not less than seven shall constitute a quorum, of which number the president, or in his ab-

sence the vice-president of the board, to be appointed in virtue of this act shall be one.

Provided also, that such by-laws, rules and regulations shall not be repugnant to the constitution and laws of the United States, or of this state.

And be it further enacted, that the governors at their first meeting, and also at their first meeting in every year next after the said annual election on the second Wednesday in April, shall elect by ballot from their number a president, vice-president, treasurer and a secretary, and that the officers thus elected shall immediately enter upon their respective offices, and hold the same until the next election of governors, and it shall be the duty of the president or vice-president to preside at all meetings of the governors.

And be it further enacted, that the governors shall propose at one meeting and elect by ballot at the next a number of physicians, not exceeding four, to attend the said hospital, and to render all necessary medical aid to the persons admitted to the benefit of this institution, and that the said physicians remain in office until the next election for governors, after which time they are to be annually elected.

And be it further enacted, that this act shall be and hereby is declared a public act, and shall be construed in all courts and places benignly and favorably for every beneficial purpose herein intended.

GOVERNORS AND OFFICERS

—OF THE—

SOCIETY OF THE LYING-IN HOSPITAL,

From its Organization, 1799.

[The Records of the Society prior to 1813 are lost. The years of election and retirement from office in some cases are therefore not complete. The names prior to 1813 have been obtained from the newspapers of the period.]

GOVERNORS.

Elected.		Retired.
1799	Robert Lenox	1835.
1799	Cornelius Ray	1824.
1799	Archibald Gracie	1824.
1799	Henry Remsen	1835.
1799	John Thompson	1799.
1799	John Stark Robertson	1800.
1799	Robert Bowne	1799.
1799	Matthew Clarkson	1822.
1799	Thomas Pearsall	1807.
1799	John Christopher Kunze	1807.
1799	William Houstoun	1811.
1799	Andrew Hamersley	
1799	William Bayard	
1799	John Charlton	
1799	David M. Clarkson	1814.
1799	William Jauncey	
1799	J. C. Vanden Heuvel	
1802	Frederick De. Peyster	1829.
18—	Dr. George Anthon	1821.



10. PATIENTS' BATH ROOM.

Elected.		Retired.
18—	Dr. David Hosack	1835.
18—	Andrew Morris	1816.
18—	Rev. Abraham Beach, D. D.	1813.
18—	Charles L. Cammann	1806.
18—	Jacob Le Roy	1807.
1808	Thomas C. Pearsall	1813.
1808	De Witt Clinton	1816.
1813	Peter P. Goelet	1824.
1813	Charles Wilkes	1832.
1813	Peter Augustus Jay	1822.
1813	Jacob Sherred	
1821	John Hone	1832.
1821	Lynde Catlin	1832.
1821	Charles McEvers	1835.
1821	Abijah Hammond	1822.
1822	Nathaniel Prime	1835.
1822	John Watts	1830.
1829	William Bard	1837.
1829	James Pendleton, M. D.	1832.
1829	Philip Hone	1847.
1831	Elisha Tibbits	1835.
1831	John S. Crary	1835.
1831	Dennis McCarthy	1835.
1834	George Jones	1835.
1834	Robert Ray	1879.
1834	Lewis C. Hamersley	1835.
1834	Isaac S. Hone	1835.
1845	Benjamin F. Butler	1858.
1845	William F. Mott	1866.
1845	Alexander E. Hosack, M. D.	1869.
1845	Thomas W. Ludlow	1847.
1845	Joseph B. Collins	1867.
1845	Theodore Sedgwick	1855.
1845	James G. King	1847.
1845	Robert B. Minturn, Sr.	1866.
1845	William Birdsall	1855.
1845	Joshua S. Underhill	1857.

Elected.		Retired.
1845	John Jay	1846.
1846	George Wilkes	1847.
1854	George T. Trimble	1872.
1854	Apollos R. Wetmore	1881.
1854	Thomas B. Stillman	1866.
1854	Benjamin R. Winthrop	1879.
1854	Stewart Brown	1880.
1861	Jacob Harsen	1862.
1861	Benjamin D. Silliman	1890.
1861	John C. Green	1875.
1863	Andrew Warner	1892.
1866	James Lenox	1880.
1866	William H. Aspinwall	1869.
1866	Robert B. Minturn	1880.
1868	Robert Lenox Kennedy	1887.
1868	Joseph W. Patterson	1881.
1869	Egerton Leigh Winthrop	
1873	Legrand B. Cannon	1874.
1874	Albert M. Patterson	1892.
1879	George G. Williams	
1880	Frederic Bronson	
1880	Charles E. Tracy	
1880	Robert Lenox Belknap	
1880	John A. Weekes	1894.
1881	William A. Duer	
1882	Robert Ray Hamilton	1890.
1888	Henry V. R. Kennedy	1891.
1890	Frederic W. Stevens	1892.
1890	Edmund L. Baylies	
1891	William T. Lawrence	1892.
1892	Egerton L. Winthrop, Jr.	
1892	Frederic Delano Weekes	
1893	Henry A. C. Taylor	
1893	George B. McClellan	1895.
1894	Francis S. Bangs	
1895	Edward W. Lambert, M. D.	
1895	Thomas Newbold	

Presidents.

Elected.		Retired
1799	Thomas Pearsall	1807.
1808	Cornelius Ray	1826.
1829	Robert Lenox	1835.
1845	William Bard	1854.
1854	Benjamin F. Butler	1858.
1861	George T. Trimble	1872.
1872	Robert Ray	1879.
1880	Apollos R. Wetmore	1881.
1881	Benjamin D. Silliman	1890.
1891	Egerton L. Winthrop	1892.
1892	John A. Weekes	1894.
1894	William A. Duer	

Vice-Presidents.

Elected.		Retired.
1799	Rev. John Christopher Kunze	1807.
1808	Samuel Osgood	1812.
1813	Dr. George Anton	1821.
1821	Robert Lenox	1829.
1829	Henry Remsen	1831.
1854	Theodore Sedgwick	1855.
1861	Robert B. Minturn, Sr.	1866.
1866	Robert Ray	1872.
1872	James Lenox	1879.
1879	Apollos R. Wetmore	1880.
1880	Benjamin D. Silliman	1881.
1881	Robert Lenox Kennedy	1887.
1887	Egerton L. Winthrop	1891.
1891	John A. Weekes	1892.
1892	William A. Duer	1894.
1894	George G. Williams	

Treasurers.

Elected		Retired.
1802	Frederick De Peyster	1829.
1829	Charles Wilkes	1833.
1833	William Bard	1845.

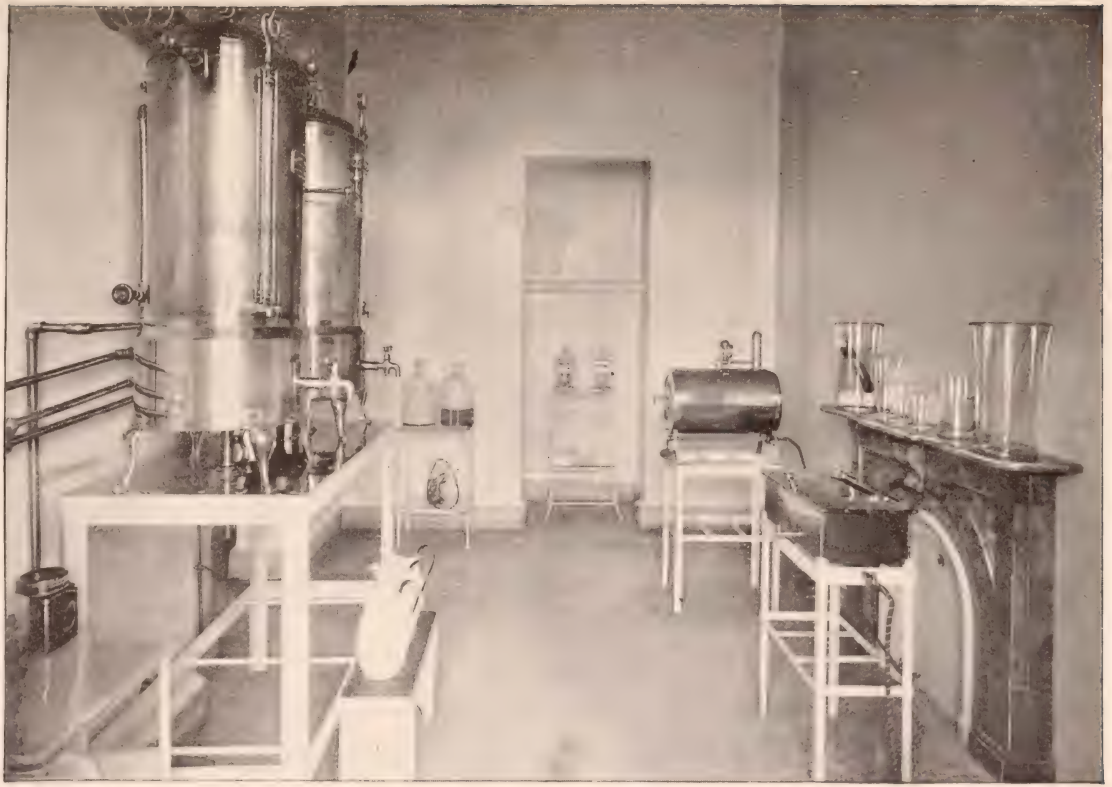
Elected.		Retired.
1845	Joseph P. Collins	1862.
1862	Benjamin R. Winthrop	1872.
1872	Joseph W. Patterson	1881.
1882	Andrew Warner	1892.
1892	Robert L. Belknap	

SECRETARIES.

Elected.		Retired.
1799	William Houston	1811.
1813	Peter Augustus Jay	1822.
1822	Lynde Catlin	1829.
1829	William Bard	1833.
1833	John S. Crary	1845.
1845	Alexander E. Hosack, M. D.	1854.
1854	Joshua S. Underhill	1857.
1858	Benjamin R. Winthrop	1863.
1863	Andrew Warner	1892.
1892	Robert L. Belknap	1893.
1893	F. Delano Weekes	

PHYSICIANS.

Elected.		Retired.
1799	David Hosack	1822.
1799	John R. B. Rodgers	1809.
1799	William Moore	1822.
1799	Wright Post	1822.
1805	Andrew Hamersley	1813.
1805	Samuel L. Mitchell	1807.
1808	Edward Miller	1811.
1813	Richard S. Kissam	Dead.
1823	John W. Francis	"
1829	James Pendleton	"
1829	Alexander E. Hosack	1845.
1829	George Wilkes	1845.
1832	Fayette Cooper	Dead.
1892	James W. Markoe	
1892	Samuel W. Lambert	
1892	H. McM. Painter	
1892	J. Clifton Edgar	
1892	Austin Flint, Jr.	



(9.) STERILIZING ROOM.

MEMBERS OF THE SOCIETY.

Name.	When Elected.
Edgar S. Auchincloss	1880
James W. Alexander	1893
John Jacob Astor	1894
William Waldorf Astor	1894
Frederic Bronson	1880
Robert Lenox Belknap	1880
Robert Lenox Belknap, Jr.	1881
Waldron Phœnix Belknap	1881
Edmund L. Baylies	1890
James William Beekman	1892
William Allen Butler, Jr.	1892
Francis S. Bangs	1892
James Lenox Banks	1893
Legrand B. Cannon	1873
N. W. Stuyvesant Catlin	1879
Henry Dudley	1873
William A. Duer	1880
Francis O. de Luze	1892
Geo. W. Folsom	1873
Geo. R. Fearing	1892
James K. Gracie	1879
Wm. Greenough	1880
Adrian Iselin, Jr.	1893
H. Van Rensselaer Kennedy	1888
A. Gracie King	1879
Frederick Gore King	1879
Lewis Cass Ledyard	1892
Edward W. Lambert, M. D.	1895

Name.	When Elected.
Geo. B. McClellan	1893
Charles H. Marshall	1873
J. Pierpont Morgan	1894
Alexander Maitland	1877
Wm. Bard McVickar	1887
Adam Norrie	1873
Gordon Norrie	1877
Thomas Newbold	1893
John McL. Nash	1892
Oswald Ottendorfer	1894
Albert M. Patterson	1874
James R. Roosevelt	1892
Benjamin D. Silliman	1861
Frederic W. Stevens	1890
Philip J. Sands	1892
W. Watts Sherman	1892
F. Augustus Schermerhorn	1894
Jacob H. Schiff	1895
Charles E. Tracy	1880
Henry A. C. Taylor	1892
Egerton L. Winthrop	1869
Andrew Warner	1863
George G. Williams	1874
John A. Weekes	1880
Egerton L. Winthrop, Jr.	1887
Frederic Bronson Winthrop	1887
F. Delano Weekes	1888
George Peabody Wetmore	1892
Miss Grace Wilkes	1894
Mrs. Anna Woerishoffer	1894
Robert Dudley Winthrop	1895
Cornelius Vanderbilt	1894



(8.) NURSES' LABORATORY.

The beneficial object of the Society of the Lying-in Hospital is the relief and care of destitute women unable to procure necessary medical assistance and nursing during the period of their confinement.

Five Thousand Dollars endows a bed in perpetuity.

Three Thousand Dollars endows a bed during one life.

Two Hundred and Fifty Dollars endows a bed during one year.

FORM OF BEQUEST.

I give and bequeath to the SOCIETY OF THE LYING-IN HOSPITAL OF THE CITY OF NEW YORK, incorporated by the Legislature of the State of New York in the year 1799, the sum of ..... Dollars, to be applied to the use and benefit of the said Society, under the direction of the Governors thereof.

THE SOCIETY

OF THE

LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

ANNUAL REPORT.

NINETY-EIGHTH YEAR.

1896.

PRINTED BY ORDER OF THE BOARD OF GOVERNORS.



VIEW OF HOSPITAL FROM SOUTHEAST.

THE SOCIETY

OF THE

LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

FOUNDED IN 1798.

ANNUAL REPORT.

1896.

NEW YORK:
THE MARTIN B. BROWN COMPANY, PRINTERS AND STATIONERS,
NOS. 49 TO 57 PARK PLACE.

1896.

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SOCIETY OF THE LYING-IN HOSPITAL

OF THE CITY OF NEW YORK.

OFFICERS.

President, . . William A. Duer, No. 115 Broadway.
Vice-President, . George G. Williams, Chemical Nat'l Bank.
Treasurer, . . Francis S. Bangs, No. 100 Broadway.
Secretary, . . . F. Delano Weekes, No. 58 Wall St.

BOARD OF GOVERNORS.

Egerton L. Winthrop,
Frederic Bronson,
William A. Duer,
Edmund L. Baylies,
Egerton L. Winthrop, Jr.,
Thomas Newbold,
George G. Williams,
William Greenough,
F. Delano Weekes,
Henry A. C. Taylor,
Francis S. Bangs,
Edward W. Lambert, M. D.

COMMITTEES.

Executive.

WILLIAM A. DUER, *Chairman.*

EDMUND L. BAYLIES, FREDERIC BRONSON,

EDWARD W. LAMBERT, M.D., F. DELANO WEEKES, *Secretary.*

Nominating.

WILLIAM GREENOUGH, THOMAS NEWBOLD,

EGERTON L. WINTHROP, JR.

Finance.

GEORGE G. WILLIAMS, HENRY A. C. TAYLOR,

FRANCIS S. BANGS.

MEDICAL BOARD.

Consulting Physicians.

Edward W. Lambert, M. D. — Thos. M. Markoe, M. D.
Wm. M. Polk, M. D. — Wm. T. Lusk, M. D.

Attending Physicians.

James W. Markoe, M. D. — Sam'l W. Lambert, M. D.
H. McM. Painter, M. D. — J. Clifton Edgar, M. D.
Austin Flint, Jr., M. D.

Officers of the Medical Board.

President . . . . Edw'd W. Lambert, M. D.
Registrar . . . . Austin Flint, Jr., M. D.
Curator . . . James W. Markoe, M. D.
Librarian . . . . Sam'l W. Lambert, M. D.

Miss Helen F. Nugent,
Recording Secretary of the Medical Board.

ASSISTANT ATTENDING PHYSICIANS.

Asa B. Davis, M. D. — Churchill Carmalt, M. D.
Geo. R. White, M. D. — R. C. James, M. D.
W. E. Studdiford, M. D.

HOUSE STAFF.

House Physician.

James J. Garrard, M. D.

Assistant Resident Physicians.

Morley Currie, M. D. — William L. Bradley, M. D.
Harwood Vernon, M. D. — Frank F. Clark, M. D.
Martin Dowling, M. D. — Albert C. Johnson, M. D.
Edward W. Estler, M. D.

SPECIAL MEDICAL DEPARTMENT.

Orthopoedic Surgeon . . .	T. Halsted Myers, M. D.
Neurologist	C. A. Herter, M. D.
Ophthalmologist	J. L. Adams, M. D.
Dermatologist	James Johnston, M. D.
Embryologist	Geo. S. Huntington, M. D.
Pathologist	Farquhar Ferguson, M. D.
Bacteriologist	Martha Wollstein, M. D.
Assistant Registrar . .	Asa B. Davis, M. D.
Assistant Curator . . .	Martha Wollstein, M. D.

Chief Nurse.

Miss Emma E. Miller.

Assistant Nurse.

Miss Margaret M. McCarthy.

Chief Clerk.

Charles Ford.

Registrar's Clerk.

Miss Helen F. Nugent.

HOSPITAL.

Second avenue and Seventeenth street.

SUB-STATION.

No. 314 Broome street.

DIET KITCHEN.

No. 314 Broome street.

REPORT

OF THE

Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

To the Members of the Society of the Lying-in Hospital:

In presenting the Annual Report covering the charitable work performed by the Society of the Lying-in Hospital during the past year, the increased number of those relieved and provided for indicates a rapid development and proves the extent of the care and treatment afforded by the Society to the most destitute poor of this city.

During the past twelve months *three thousand four hundred and twenty-three* applicants for relief have applied at the Hospital and Sub-station, and *two thousand seven hundred and sixty-eight* of these attended in confinement, an increase of 44% over the corresponding period of a year ago.

For the twelve months ending October 1, 1896, the number of births in this city reported to the Health Department was fifty-five thousand and fifty-seven, giving an average of one hundred and fifty daily or one child every ten minutes.

It is estimated from statistics that twenty-eight thousand six hundred of these were cared for by physicians in practice, leaving more than twenty-six thousand to be treated by unskilled midwives or dependant on such charitable aid as it was possible for them to obtain. It may be judged how many institutions are still required to help this neglected and unfortunate class.

As the work of the Society progresses and becomes better known among the impoverished and destitute for whose benefit it was founded, there is every certainty that unless greater

accommodation and increased resources are provided many deserving cases must be refused when the limit is reached in the number the Society can care for, who apply for necessary medical assistance and who are absolutely dependant on charity during the period of their confinement. The efforts of the Medical Board during the past year have been untiring, as in the relief and treatment of those who applied for aid scattered throughout the wretched tenement districts in the lower part of the city more than *thirty-seven thousand eight hundred visits* were required.

Over three hundred women whose homes and surroundings were too squalid and unfortunate for proper medical attendance were removed to the Hospital building, which is also used for all ambulance cases and those requiring constant watching and supervision.

Owing to the energy and generosity of Mrs. William Whitney, the Society has continued the work of the Diet Kitchen, established several years ago for the benefit of those who require immediate assistance and are found suffering from absolute need.

During the year four hundred and fifty-two families, for the usual period of two weeks, were each supplied with food, coal and clothing, and many desperate cases of distress and poverty thus relieved by aid extended under the direction of the Medical Board.

This provision for the helpless mother is of the utmost importance, and results in placing her beyond actual want during her confinement.

The Society has again received the very liberal donation of $10,000 toward the reduction of its mortgage indebtedness, and this sum, with a similar amount received a year ago from the same generous benefactor, forms a separate fund, to be applied only for the cancellation of the mortgage debt now existing on the Hospital property and incurred at the time of purchase.

The greater development and extension of the Society's charitable work depends entirely on its ability to raise sufficient funds to pay what is still due, and thus extinguish all

interest charges, which amounted during the past year to over $6,000.

During the year three hundred and forty-one students have received thorough instruction and practical experience under the careful supervision and direction of the Medical Board, that has familiarized and fitted them for a most important branch of their profession, which otherwise they would only obtain in actual practice.

Nearly two thousand young men in the last six years have registered at the Hospital in order to avail themselves of the opportunities afforded by the Society in acquiring a necessary knowledge of obstetrics.

The advantages to graduates of hospitals and physicians in attending the lectures given by the Medical Board and accompanying them and the Staff in their work of relief have resulted in establishing a post-graduate course for their benefit and further instruction, and if sufficient accommodation can be provided this will doubtless result in a greater development of another important feature of our hospital work by giving those even in practice a knowledge of the latest and most approved methods of obstetrical treatment.

During the year some fifty nurses from St. Vincent's Hospital of this City, St. Joseph's in Yonkers and St. Mary's in Brooklyn have been carefully trained, free of any charge, in the care of patients. A restricted number can only be received every two months, who are instructed by the attending physicians and chief nurse. Lectures are delivered and every pains taken to make them thoroughly competent in all matters pertaining to the management and treatment of those intrusted to them.

Every detail of the medical and educational work has been most conscientiously and faithfully carried on by the members of the Medical Board, who have not only attended the Hospital patients at all hours in giving them the benefit of their experience and professional skill, but have performed a labor that can hardly be estimated in the additional care of the poor woman in the tenement-house.

The relief and charge, therefore, of the twenty-four hun-

dred cases of the Hospital's out-door department has taxed every effort on their part, and entitles them to the highest praise and the thanks of all interested in the Society's charitable work.

An examination of the Treasurer's accounts elsewhere will show every economy in administration. The expenses of conducting the hospital and sub-station for the past year, less interest charges on the hospital property, have been $35,-248.34, making the cost per capita of every woman attended in confinement and cared for during the usual two weeks' period or longer should circumstances require, only a fraction over $12.73 each.

The Society has every reason to feel gratified that the past year, the ninety-eighth of its existence in this city, has resulted in so great an increase of those who have received the benefit of its treatment and care.

A great loss was, however, sustained in the death of two members of the Board, Charles Edward Tracy and Robert Lenox Belknap. This was a source of deep sorrow to those who had been associated with them in furthering the work of the Hospital, as they both took an active interest in all matters pertaining to its welfare.

The further development of the Society is assured, and the certainty of doubling the number of its beneficiaries seems only to depend on the additional means required for the extension of its work of relief and charity.

F. DELANO WEEKES,
Secretary of Board of Governors.

REPORT OF THE MEDICAL BOARD.

To the Board of Governors :

GENTLEMEN—The Medical Board takes pleasure in submitting to you the following report upon the work of the Hospital during the past year.

The new rules, under the operation of which the Medical Board assumed the responsibility of the executive work of the Hospital, have been eminently successful.

While the running expenses of the Hospital have apparently not been lowered, they have in reality been much diminished, as will be shown by a careful study of the items of expenditure. It will be found that more money has been spent in desirable repairs and in additions to the general outfit of the Hospital in its medical, educational and executive departments. At the same time it will be seen that the actual running expenses of the Hospital are kept at a very satisfactory average figure. Moreover, under these rules, the Hospital is working in all its departments with the minimum of friction for a public institution and with very few changes among its employees.

With regard to the charitable work of the Hospital, the Board would say that the character of the work has not changed during the past year. The out-patient service still constitutes the largest part of the work of the Hospital, and will continue so, even if more room were at our disposal at the home station. There is to be noted, however, among the patients of the out-door service less unwillingness to leave their homes and enter the Hospital when serious operative procedures become necessary. The home station, therefore, with its operating-room and its facilities for caring for very serious cases, is, perhaps, more fully meeting the expressed

wish of the Governors as to its functions than was the case a year ago. Scarcely a week passes without some woman being left at our door, practically moribund, who has been several days in labor in the care of a midwife. Such cases are suffering not only from the effects of neglect, but often, also, from the results of active interference in the way of attempted operative procedures.

The educational work has been developed as far as possible along the lines laid down in the annual report of the Board one year ago. In order to impress more vividly upon the Governors the necessities of this department of the Hospital, we reprint the relevant portion of last year's report:

"The Central Hospital shall eventually comprise, so far as the essentials for the educational department are concerned—"

"1st. *Wards*—The Wards are to be divided among five floors, and the five Attending Physicians will be on continuous duty. Each floor will contain accommodations for fifty patients and a small operating-room. The Wards of the Hospital will be solely for the use of the students of the Hospital, and they shall not be available for the purposes of public clinics and lectures."

"2d. *Amphitheatre*—A large amphitheatre for the use of the Attending Physicians in giving public lectures and conducting public operations."

"3d. *Septic Department*—This department is for the treatment of cases of fever, and shall consist of a separate floor, isolated from the rest of the Hospital, containing a sufficient number of rooms with its own operating-room, kitchen, laundry and accommodations for nurses."

"4th. *Students' Department*—This department will contain a dormitory and sitting-room for undergraduate students, and separate rooms for graduates and for female students."

"5th. *Library and History Department*—The Library is to consist of current works upon Obstetrics, as well as a complete collection of past literature of the subject. It will also contain copies of the journals on obstetrical subjects from their

foundation. The Library is already started upon these plans and contains at present about 400 volumes."

"The History Room contains the bound volumes of the histories of every case since the foundation of the Hospital in both the in-door and out-door services. There is also kept in this Department the statistical cards and card index catalogues of the Hospital."

"6th. *Autopsy Room*—The Autopsy Room is to be of sufficient size to admit of lectures and demonstrations of gross pathology by the Pathologist to classes of students."

"7th. *Manikin and Chart Room*—The Manikin Room is to be of sufficient size to accommodate small classes in Manikin instruction and for purposes of recitation."

"8th. *Pathological Laboratory*—This Laboratory must be fully appointed for scientific research in pathology and bacteriology, with accommodations for students."

"9th. *Microbiological Laboratory*—This Laboratory must be prepared not only to give thorough instruction to students in Embryology and the development of the fœtus, but also to carry on original research in these subjects."

"10th. *Nurses' Department*—The accommodations for Nurses will consist of sleeping-rooms, sitting-rooms and class-rooms, supplied with the necessary paraphernalia for instruction."

"11th. The necessary executive offices, examining-rooms, laboratories, etc., for the use of the out-door service."

"In this connection it is to be noted that while the whole out-door service is managed from the Central Hospital, the office of the out-door service in the main Hospital serves also as a sub-station for the tenement-house district in the vicinity."

"Finally, it is the plan of the Board to distribute throughout the tenement-house district of the city, wherever experience shows a need, sub-stations in telephonic communication with the Central Hospital, under the care of a member of the House Staff and with accommodations for a small number of

students, instruments, dressings, etc., from which attendants can be quickly sent to cases in the neighborhood, and at which application for special aid can be readily made."

"Such a hospital as the above outline indicates contemplates three things:"

"*First*—The establishment of a School of Obstetrics, which shall combine in its system all that is best in the methods of every institution of learning in the world, together with the ideas of those engaged in giving instruction in this Hospital. The necessity of keeping pace with the advance in methods of instruction throughout the world and of absorbing the best of such methods is deemed by the Medical Board essential to the success of medical education. It is the purpose of the Board to make this school one where the student can be taught in its most minute details everything which has to do with the subject of Obstetrics. Apart from the realization of a perfect system, there is, as we have shown in the beginning of this communication, an alarming need for such a school."

"*Second*—The establishment of a centre of scientific research in the Department of Obstetrics. Comparatively little scientific work has been done in pure obstetrics, and many problems involving the lives and health of women are awaiting just such a union of laboratory research and bedside observation as is here contemplated."

"*Third*—The perfection of charitable methods of dealing with poor women in their confinement. By providing proper attendance, food and clothing for those who cannot leave their homes; by providing a shelter and attendance for those who have no homes, and by providing an operating-room fully equipped with all the appliances of modern surgery for those upon whom serious operations must be performed, the Hospital would seem to realize the ideal work contemplated by its charter one hundred years ago."

The Board encounters a great obstacle to giving a satisfactory course in obstetrics in the fact that the students can devote only two weeks to their duties in the hospital. They

should spend at least two weeks in ward work and two weeks in the out-door service. Under the present arrangement of the curriculum of the medical schools, however, it is impossible for them to take more than two weeks from their college work. More ward room would be necessary in order to give two weeks of in-door service to each student.

The educational work is also seriously hampered, by the fact that the Board has not at its disposal any suitable place for carrying on much of the educational work. Every available foot of space in the present buildings is utilized beyond the hope of redemption for any other purpose. It is impossible to give a course upon the manikin, because there is no place whatever in which to give it. There is no room in the hospital in which a lecture can be given, or in which a recitation can be held, without interfering with other work of the students.

There is no room in which the specimens of the museum can be suitably stored so as to be of service to the student. The museum has been the object of a great deal of labor and study on the part of the curator and his assistant during the past year. It has been much enlarged by valuable specimens from our service and by valuable models from abroad. It would be of the greatest value in the educational work if it could be utilized.

The Library, which numbers to-day 500 volumes, is absolutely closed to the student, because it is impossible for the Board to provide either a library-room or a librarian. The room in which the books are at present stored, it will be remembered, is used by the Board of Governors and the Medical Board for their meetings, and by the staff for a sitting-room.

It is, in fact, impossible to do justice in the educational department even to the number of students at present under our instruction until more room can be placed at the disposal of the Department.

Even the rooms at present used by the staff are not suitable for the purpose to which they are put. During the summer months the staff are obliged to use the quarters devoted

to the post-graduate students. This is becoming a very serious question, as the number of post-graduate students has so increased that the Board looks forward with anxiety to the solution of this problem during the coming summer.

It will be noted that the plan quoted above, from last year's report, calls for sufficient ward room to accommodate two hundred and fifty patients. Even this apparently large number will furnish patients enough for only twenty-five house pupils. Every student during his in-door service should have the care of ten patients.

The Medical Board feels satisfied that it is making an economical use of the income of the hospital and the most advantageous use of the hospital buildings. Until the funds of the Society are increased, therefore, any further extension of the work is impossible. The charitable work accomplished at present is a lamentably small portion of that which is waiting to be done.

The Medical Board must, therefore, urge upon your Board, with even greater emphasis than before, the necessity of relieving the situation by making possible an increase in our buildings.

Very respectfully submitted by

THE MEDICAL BOARD.

HELEN F. NUGENT,
Recording Secretary.

Patients Treated from October 1, 1895, to October 1, 1896.

Out-Door Service.

October	182	
November	164	
December	205	
January	200	
February	221	
March	223	
April	206	
May	166	
June	209	
July	208	
August	222	
September	248	
		2,454

In-door Service.

October	26	
November	26	
December	27	
January	26	
February	21	
March	27	
April	19	
May	27	
June	33	
July	24	
August	38	
September	20	
		314

Total	2,768
Total in 1895	1,922
Increase	846

The United Hebrew Charities.

In June, 1895, an arrangement was made with the United Hebrew Charities of New York by which this Hospital agreed to care for all cases of confinement occurring among the beneficiaries of that Society.

The work is now being done by the Hospital with satisfaction to both parties to the agreement.

A person subscribing at one time to the funds of the Society the sum of five thousand dollars shall become a patron of the Society, and any person subscribing the sum of five hundred dollars shall become a Benfactor of the Society.

Patrons.

J. Pierpont Morgan,

Cornelius Vanderbilt,

William Kissam Vanderbilt.

Benefactors.

Mrs. Annie Woershoeffer,
Henry A. C. Taylor,
Oswald Ottendorfer,
George G. Williams,
Mrs. Cornelius Vanderbilt,
William Waldorf Astor,
Mrs. George Gould,
Mrs. Henry Mortimer Brooks,
James H. Jones,
Alfred Corning Clark, *
Mrs. Frederick W. Vanderbilt,
Miss Grace Wilkes,
Mrs. Robert Winthrop,
Mrs. Augustus D. Juilliard,
Mrs. George E. Dodge,
Mrs. Sidney Webster.

---

* Deceased.

Free Beds.

The sum of $5,000 endows a bed in perpetuity; $3,000 endows one for the life of the donor, and the sum of $250 entitles the donor to name patients to it for one year.

1895.

ENDOWED IN PERPETUITY.

In memory of Mrs. ROBERT L. STUART,
By Mr. and Mrs. GEORGE G. WILLIAMS.

ENDOWED FOR ONE YEAR.

1895.

By Mrs. J. HOOKER HAMERSLEY.

1896.

By Mrs. JACOB H. SCHIFF.

By V. EVERT. MACY.

FORM OF CERTIFICATE.

Bed Endowed in Perpetuity.

THESE PRESENTS CERTIFY THAT

.....

HAVING CONTRIBUTED TO THE FUNDS OF THE SOCIETY OF THE

LYING-IN HOSPITAL

OF THE CITY OF NEW YORK,

INCORPORATED 1799,

BY THE GIFT OF FIVE THOUSAND DOLLARS,

The Board of Governors of said Society do hereby grant unto .....the right to nominate from time to time a patient, for treatment by the Medical Staff of said Hospital, or to occupy one bed in the common wards of said Hospital, free of charge; subject, however, to such rules and regulations for the treatment, admission and discharge of patients as are now, or shall be hereafter, prescribed by said Board.

Such right may be exercised by the said..... and ...successors in perpetuity, provided that such successor be appointed in writing by will or otherwise by..... or by each appointee in succession, and failing such appointment, such rights shall cease.

IN WITNESS WHEREOF, the corporate seal of said Society is hereto affixed and the same attested by its President and Treasurer the .....day of..... A. D.....

[L. S.]

... .President.

.....Treasurer.

FORM OF CERTIFICATE.

Bed Endowed for Life of Donor, or One Year.

THESE PRESENTS CERTIFY THAT

.....

HAVING CONTRIBUTED TO THE FUNDS OF THE SOCIETY OF THE

LYING-IN HOSPITAL

OF THE CITY OF NEW YORK,

INCORPORATED 1799,

BY THE GIFT OF

.....Dollars,

the Board of Governors of said Society do hereby grant unto

.....

for the term of.....

the right to nominate from time to time a patient for treatment by the Medical Staff of said Hospital, or to occupy one bed in the common wards of said Hospital, free of charge; subject, however, to such rules and regulations for the treatment, admission and discharge of patients as are now, or shall be hereafter, prescribed by said Board.

In Witness Whereof the corporate seal of said Society is hereto affixed and the same attested by its President and Treasurer the

[L. S.] day of.....A. D.....

.....President.

.....Treasurer.

TREASURER'S REPORT.

Receipts.

October 1, 1885—Balance on hand this date	$1,965 10
Income from investments	14,904 69
Students' fees	7,213 70
Reserve fund, National Butchers' and Drovers' Bank	1,000 00
Endowment of three beds for one year	750 00
City of New York, allowance for six months ending June 30, 1896	6,000 00
Donations	13,370 00
Annual subscriptions	1,175 00
Subscriptions to membership	10 00
Loans	7,350 00
Total receipts to October, 1896	$53,738 49

Payments.

Investment on account of mortgage debt	$10,000 00
Payment on account of loan, originally $60,000, and now reduced to $40,500	1,500 00
Interest on purchase money bond and mortgage of $110,000, including interest on loans	6,502 82
Repayment of loans	6,250 00
	$24,252 82

Expenses of

Hospital and Sub-station.

Salaries—		
Medical Staff	$3,181 46	
Nurses	903 00	
Administration	2,439 96	
Servants	3,562 17	
		10,086 59
Expenses of office of Secretary and Treasurer		250 00
Laundry		1,022 70
Administrative printing, annual report, etc		388 72
Medical printing	$967 32	
Medical advertising	420 40	
Medicines	686 26	
Medical supplies	1,742 10	
Instruments	94 18	
Car fares, medical staff	313 65	
		4,223 91

Certificates		$44 00
Postage		94 38
Rent of Sub-station		480 00
Telephone		254 99
Insurance		228 02
Gas		1,309 15
Fuel		934 10
Furniture		238 95
Bedding		76 95
House supplies		1,171 77
Repairs		1,903 15
Food—		
Meat	$2,552 46	
Fish	381 79	
Vegetables	369 45	
Groceries	1,937 80	
Bread	304 21	
Milk	745 25	
		6,290 96
October 1, 1896. Balance in U. S. Trust Company	$232 73	
Balance in National Butchers' and Drovers' Bank	254 60	
		487 33
		$53,738 49

E. & O. E.

FRANCIS S. BANGS,
Treasurer.

SOCIETY OF THE LYING-IN HOSPITAL.

DONATIONS.

Anonymous	$10,000 00
John Jacob Astor	100 00
Mrs. Hugh D. Auchincloss	25 00
William Allen Butler, Jr.	10 00
James Lenox Banks	25 00
Anonymous, through Edmund L. Baylies	500 00
H. R. Remsen Coles	50 00
Mrs. Dore	10 00
Anonymous, through Dr. J. Clifton Edgar	40 00
Mrs. Clarence M. Hyde	25 00
Anonymous, through Dr. Edward W. Lambert	100 00
Thomas Newbold	100 00
Miss Rhinelander	100 00
Mrs. Sidney Webster	500 00
Mrs. Hamilton Fish Webster	25 00

Hamilton Fish Webster	$10 00
George G. Williams	1,000 00
Egerton L. Winthrop	250 00
Mrs. Anna Woerishoffer	500 00
	$13,370 00

ANNUAL SUBSCRIBERS.

Mrs. Charles B. Alexander	$50 00
Mrs. Frederic Bronson	100 00
Mrs. N. E. Baylies	10 00
Mrs. James L. Breese	5 00
Miss Breese	5 00
Mrs. George C. Boldt	25 00
Mrs. James A. Burden	10 00
Mrs. Robert C. Cornell	5 00
Mrs. Charles W. Cooper	50 00
Mrs. Walter Damrosch	5 00
Mrs. Nicholas Fish	5 00
Henry Hildburg	10 00
Mrs. Clarence M. Hyde	25 00
Mrs. Laura P. Halsted	10 00
Mrs. William E. Iselin	100 00
Miss Jennings	5 00
Mrs. Pierre Lorrillard, Jr	10 00
Mrs. John G. McCullough	10 00
Louis Marshall	10 00
Alexander Maitland	25 00
Mrs. William K. Otis	25 00
Mrs. Trenor L. Park	250 00
Albert Plaut	10 00
Mrs. Douglas Robinson	5 00
Mrs. Victor Sorchan	20 00
Mrs. William D. Sloane	100 00
Samuel Sachs	15 00
Jacob Schiff	25 00
Mrs. J. Kennedy Tod	5 00
Cornelius Vanderbilt	100 00
Mrs. Cornelius Vanderbilt	100 00
Mrs. Stanford White	10 00
Mrs. Frank S. Witherbee	10 00
Dr. George G. Wheelock	15 00
Mrs. L. K. Wilmerding	5 00
Mrs. H. Walter Webb	5 00
	$1,175 00

DONATIONS, 1896.

Through Dr. Asa B. Davis—$15.

Miss Martin Willowbrook, Auburn, N. Y.—16 dozen tumblers of currant jelly.

Mrs. Gregory—Package of babies' clothing.

Miss M. O. Stevens, Lawrence, L. I.—Package of flannel petticoats.

Mrs. J. W. Markoe—1 dozen babies' undershirts.

Mrs. L. L. Stanton, No. 30 West Forty-ninth street—Large quantities of babies' wrappers (500).

Mrs. A. S. Hewitt, No. 9 Lexington avenue—Package of babies' caps.

Mrs. W. S. Lambert, No. 61 Seventh avenue, Brooklyn—Box of babies' clothes.

Mr. Egerton L. Winthrop—Supplied gardener to care for Hospital grounds.

Francis S. Bangs—$100 to purchase medical books.

Mrs. Egerton L. Winthrop, Jr.—Sewing machine.

GRADUATE NURSES.

Society of the Lying-In Hospital to October 1, 1896.

Mrs. Delia Brown.
Miss Julia Dowd.
" Gertrude Cotte.
" Adele McDonald.
" Margaret J. Boyle.
" Ada Clark.
" Elizabeth Fogarty.
" Anna French.
" Cornelia Kenney.
" Rose Healy.
" Rose Igoe.
" Elizabeth Dowd.
" Florence Tobin.
" Margaret Logue.
" Elizabeth Hogan.
Mrs. Mary McCaughey.
Miss Emma Ammond.
Mrs. Annie J. Cole.
Miss Sarah Reynolds.
" Kate Barden.
" Annie E. O'Connell.
" Judith O'Connor.
" Sara T. Rush.
" Agnes Stanton.
" Martha A. O'Neill.
" Agnes Hanley.
" Margaret Kearney.
Miss Emma Farrell.
" Margaret M. McCarthy.
" Mary Maskell.
" Katharine Kelly.
" Jennie O'Reilly.
" Mary Kenneday.
" Catherine Coghlan.
" Elizabeth Robertson.
Mrs. Mary Byrne Irwin.
Miss Caroline Marques.
" Katharine McGuire
" Christine McDonell.
" Celia Kain.
" Margaret Long.
Mrs. Mary Hickey.
Miss Mary Tierney.
" Elizabeth Stack.
" Mary Maley.
" Anna McGee.
" Jeanne Bayer.
" Bridget Murphy.
" Josephine Casgrain.
" Gertrude Allwein.
Mrs. Charolette J. Mourant.
Miss Theodosia M. Spring-Rice.
Mrs. Josephine Porter.
Miss Catherine Mullen.
Miss Emma Kennedy.

FORM OF PUPIL'S CERTIFICATE.

SOCIETY OF THE LYING-IN HOSPITAL

OF THE CITY OF NEW YORK.

INCORPORATED MARCH 1, 1799.

THIS IS TO CERTIFY THAT

....

has satisfactorily performed the duties of Pupil at the Hospital from .....18 ..to.....18....and has been present at the confinement of .....women.

Dated at New York City

....

President.

....

Secretary.

Consulting Physicians: Attending Physicians:

GRADUATE STUDENTS FROM OCTOBER 1, 1895, TO SEPTEMBER 30, 1896.

Anna M. Cross, East Orange, N. J.
Lillian G. Bullock, Manchester, N. H.
Maria V. Maxwell, Brooklyn, N. Y.
Ola H. Barnes, New York City.
Ella V. Cameron, New York City.
Mary E. Daly, New York City.
F. C. Hargrave, New York City.
A. A. Moore, Jr., Camden, S. C.
S. W. K. Shannon, Cape Palmers, Liberia.
Dell Edwards, Ludlow, Ky.
Amelia J. Prior, Cincinnati, Ohio.
E. E. Woolworth, Clinton, N. Y.
D. J. Carlough, Paterson, N. J.
C. L. Bliss, Washington, D. C.
Jay H. Durkee, Stony Point, N. Y.
G. P. M. Curry, New York City.
Wm. R. Pfeuffer, New York City.
Theodore Webb, New York City.
John C. Lewis, New York City.
F. A. Sutorius, New York City.
Jos. C. Deevy, New York City.
L. L. Lumsden, Mine Run, Va.
J. A. Stevens, New York City.
J. T. Brosman, Brooklyn, N. Y.
Kathryn Hauser, Lexington, Ky.
Thomas S. Lee, Tuxedo, N. Y.
H. E. Toothaker, Campello, Mass.
R. H. Blanchard, Cumberland, Maine
Thomas A. Pines, Brooklyn, N. Y.
R. E. Gallinger, Concord, N. H.
W. E. Boetzkes, Brooklyn, N. Y.
R. C. Turck, New York City.
H. A. Newkirk, New York City.
W. B. Power, Montclair, N. J.
F. O. Bunker, Coe Ridge, Ohio.
J. Adams, New York City.
E. J. Hay, New York City.
J. A. Lockard, New York City.
P. S. Ide, St. Johnsbury, Vt.
Robert W. Thornburgh, Hanover, N. H.
V. J. Irvin, Springfield, Mass.
E. C. Baldwin, New York City.
P. A. Reque, Brooklyn, N. Y.
E. A. Mock, New York City.
E. W. Stockwell, Claremont, N. H.
H. C. Laurent, New York City.
S. H. Wadhams, Torrington, Conn.
T. L. Ellis, Portland, Maine.
J. L. Haywood, Timmons, Tenn.
Otto A. Jahn, New York City.
R. H. Hill, New York City.
J. P. Greene, New York City.
S. Shapiro, New York City.
E. Kober, New York City.
Willis H. Crowe, South Norwalk, Conn.
H. H. Best, Nova Scotia, Canada.
G. L. Foster, Nova Scotia, Canada.
John Matheson, Prince Edward's Island, Canada.
Henry D. Watson, Cincinnatus, N. Y.
Charles F. Curtis, New York City.
Marcus Goodson, New York City.
Lucius L. Ardrey, Charlotte, N. C.
Harry P. Swift, New York City.
Palmer H. Lyon, New York City,
Jerome M. King, New York City.
Howard Shafer, Poughkeepsie, N. Y.
Daniel J. Maloney, New York City.
W. Henry Coe, New York City.
C. S. Chapin, Bernardston, Mass.
Robert W. Reid, New York City.
Fred. H. Huning, New York City.
B. G. Ward, New York City.
U. B. Stein, Buffalo, N. Y.
Antonie P. Voislawsky, New York City.
George Barnes, New York City.
Charles Rayevsky, New York City
Stanley D. Curran, New York City.
P. O. Kelleher, Cambridge, Mass.
W. A. Maclead, Prince Edward's Island, Canada.
Carl C. Mann, Warsaw, N. Y.
Dorr W. Hardy, Unadilla, Otsego Co., N. Y.
J. M. Kennedy, Washington, D. C.
Frederic C. Crosby, Brattleboro, Vt.

Albert M. Shattuck, Groton, Mass.
H. E. Higgins, So. Coventry, Conn.
Lenard Adair, Davenport, N. Y.
Harry B. Epstein, Elizabeth, N. J.
Jas. L. Armstrong, Brooklyn, N. Y.
F. L. Brush, New York City.
H. C. Spring, Bristol, Conn.
V. B. Thorne, New Brunswick, Canada.
Henry Wollner, Corning, Ohio.
Daniel F. Harkin, Allentown, Penn.
I. C. Crandall, New York City.
Gertrude B. French, Cedar Rapids, Iowa.
Samuel A. Dorfman, New York City.
Philip Loewenthal, New York City.
Thos. L. Ellis, New Haven, Conn.
S. H. Wadhams, New Haven, Conn.
R. S. Graves, New Haven, Conn.
K. K. Mac Alpine, Long Island, N. Y.
T. F. O'Laughlin, New York City.
Geo. E. Mauror, New York City.
Anna Manning, New Brunswick, N. J.
Rosie E. Shoebridge, New York City.
T. M. Buckley, New York City.
Chas. B. Forsyth, Watertown, N. Y.
Allex J. Slaven, Orilla, Ontario, Canada.
Andrew L. Grieve, New Bedford, Mass.
J. E. Poor, Bilton, S. C.
F. D. Brown, Canonsburg, Pa.
Thos. A. Miller, Oswiken, Ont.
Henry E. Brown, Brooklyn, N. Y.
E. M. Beery, Edam, Va.
Chas. P. Roberts, Binghamton, N. Y.
Frank MacKnight, Binghamton, N. Y.
J. Edgar Todd, Brooklyn, N. Y.
Arthur Heronymus, Franklin, Indiana.
L. C. Bice, Franklin, Indiana.
H. F. Kallock, Tenant's Harbor, Maine.
J. S. De Muth, Carnegie, Pa.
H. B. Brownell, Syracuse, N. Y.
H. W. Edwards Sebree, Ky.
Wm. W. Mills, Orchville, N. Y.
C. A. Protin, New York City.
E. L. Sinks, Cincinnati, Ohio.
P. Hebert, New York City.
E. C. Cowles, Hartford, Conn.
H. P. White, New Brunswick, Canada.
Henry W. Burnett, Brooklyn, N. Y.
Bernard L. O'Donnell, Philadelphia, Pa.
Edward T. Higgins, New York City.
Victor E. Watkins, Washington, D. C.
E. S. Parslow, Syracuse, N. Y.
E. W. Becker, West Troy, N. Y.
L. T. Griffith, Troy, N. Y.
William E. Silcocks, Cohoes, N. Y.
C. N. Van Denberge, Schenectady, N. Y.
H. R. Bently, Saratoga Springs, N. Y.
C. W. Titus, Newark, N. J.
C. D. Harrington, Waltham, Mass.
George Coe Merriman, Dunmore, Pa.
Frederic Rustin, Omaha, Neb.
J. M. Fraser, New York City.
Walter N. Thayer, Dannemora, N. Y.
Clifford Mills, Morristown, N. J.
L. C. Manchester, Pittsburgh, Pa.
B. Weissman, New York City.
A. M. Bradley, Bethel, N. Y.
J. C. Roper, Waterbury, Conn.
A. N. Mandell, Jr., New Bedford, Mass.
P. O. Hanford, Penn Yan, N. Y.
W. M. Stone, Oswego, N. Y.
F. B. Barringer, Jr., New York City.
John Howland, New York City.
W. Nelson Winne, Essex, Conn.
Edward N. Bowen, New York City.
Max Lewson, New York City.
Maurice Budwig, New York City.
Louis Rosenthal, New York City.
William Menger, Union Hill, N. J.
Daniel D. Divine, New York City.
Len N. Foote, Brooklyn, N. Y.
Stephen T. Quinn, Elizabeth, N. J.
J. W. Schlieder, E. Orange, N. J.
John F. Dowd, Manchester, N. H.
Geo. E. Pender, Portsmouth, N. H.

A. L. Levy, New York City.
Geo. F. De Vol, New York City.
Victor Meltzer, New York City.
David H. Jones, New York City.
A. Chard, New York City.
A. J. Forman, New York City.
N. E. Newbury, Jersey City, N. J.
Stewart Lewis, Newark, N. J.
Peter P. Rafferty, New York City.
E. J. Root, New York City.
M. Fishberg, New York City.
D. L. Morrison, New Brunswick, N. J.
D. H. MacLaury, New York City.
T. A. Maloney, New Britain, Conn.
John Murphy, New Haven, Conn.
S. D. Dice, Xenia, Ohio.
Fred. J. Tooker, E. Orange, N. J.
Louis Friedman, New York City.
Percy A. Holmes, New York City.
Isador Goldstein, New York City.
G. R. Pisec, New York City.
John Moorehead, New York City
T. F. Kelly, S. Lee, Mass.
Francis J. Wales, Stepney Depot, Conn.
Robt. C. Ribbans, Newark, N. J.
Aaron Denenholz, New York City.
Frank N. Emmert, New York City.
Joseph Gutfreund, New York City.
Leopold Harris, New York City.
Michael Rosenthal, New York City.
John J. Keating, New York City.
Andrew J. Ronan, Albany, N. Y.
John Johnston, Asbury Park, N. J.
R. Furman, New York City.
Percy R. Furman, New York City.
James D. McDowell, Manning, S. C.
Bernard B. Bromberg, New York City.
E. C. Doyle, Seneca, S. C.
Henry E. Clarke, Newburgh, N. Y.
S. H. Culver, Jersey City, N. J.
Geo. S. Kessler, Brooklyn, N. Y.
Leon. L. Meyer, Memphis, Tenn.
Chas. E Pierce, Watertown, N. Y.
Andrew G. Ford, New York City.
H. L. Moore, New York City.
N. E. Joiner, Brooklyn, N. Y.
Asa S. Iglehart, Brooklyn, N. Y.
T. F. Darby, Riverpoint, R. I.
S. Frederic Calhoun, New Bedford, Mass.
H. Ritter, Chicopee, Mass.
Warren B. Watkins, Opelika, Ala.
H. D. Johnson, S. Orange, N. J.
I. D. Hasbrouch, Wallkill, N. Y.
C. W. Campbell, New York City.
M. E. Connor, Brooklyn, N. Y.
R. J. Whiteside, Syracuse, N. Y.
J. F. Rocke, New Brunswick, N. J.
P. B. Parsons, Williamstown, Mass.
A. M. Ottman, Delmar, N. Y.
C. E. Mucklow, Brooklyn, N. Y.
H. Bock, New York City.
M. Vidaver, New York City.
H. F. Van De Grift, South Amboy, N. J.
Wm. H. Wiegmann, New York City.
Abraham Glickstein, Brooklyn, N. Y.
R. H. Wood, New York City.
John J. Beard, Cobleskill, N. Y.
W. B. Orrar, Savannah, Ga.
Herman Besser, New York City.
Herrick P. Sullivan, New York City.
Edward P. Robinson, New York City.
James D. Murphy, New York City.
Arthur F. Cavanagh, Brooklyn, N. Y.
V. F. Kouba, New York City.
Cornelius J. Egan, New York City.
E. M. Whaley, Edisto Island, S. C.
M. N. Bessey, Waterville, Maine.
J. P. Casazza, New York City.
David E. Wheeler, New York City,
Pasquale Giliberti, New York City.
Giuseppe Carlucci, New York City.
Rowland Cox, Jr., New York City.
C. H. Holzhauser, New York City.
John B. Solley, Jr., New York City.
A. B. Carmon, New York City.
J. A. Roebea, Omaha, Neb.
H. E. Battin, West Troy, N. Y.
J. T. Hanan, Brooklyn, N. Y.
Basil H. Dutcher, New York City.
Joel Solomon, Syracuse, N. Y.
Francis E. Butler, New York City.
William J. Mahon, Hartford, Conn.

Wm. H. Butler, Fall River, Mass.
Robert J. Lynch, Bridgeport, Conn.
Marshall Lansing, Lansingburg, N.Y.
James M. Gates, Springfield, Mass.
Wm. C. Cuthbert, Fort Edward, N.Y.
R. H. Irish, Elizabethtown, N Y.
K. S. MacGregor, New York City.
H. F. Waite, New York City.
Harold Pittis, Plainfield, N. J.
Geo. Lesser, New York City.
Frank B. Newton, Stafford Springs, Conn.
Louis Pick, New York City.
Bernard Weiss, New York City.
Chas. H. Calman, New York City.
J. B. Townsend, Anderson, S. C.
Fred. S. Baron, Paterson, N. J.
Julius F. Lennick, Hoboken, N. J.
S. W. Churchill, New York City.
Wm. I. Louis, Brooklyn, N. Y.
Frank E. Burdick, South Richland, N. Y.
J. J. Nutt, Edgewater, N. Y.
C. Willich, Brooklyn, N. Y.
B. T. Tilton, New York City.
John Block, New York City.
Isaac Zarch, New York City.
Joseph Grabenstein, New York City.
Nathan Ervin, Old Bridge, N. J.
D. K. Coverley, New York City.
Nath. G. G. Price, New York City.
Morris Rosentover, New York City.
A. L. Goldwater, New York City.
Wm. Drasel, New York City.
E. S. McSweeney New York City.
Geo. L. Parkhurst, Fair Haven, Vt.
F. G. Herrmann, Logansport, Ind.
E. K. Loveland, Morris, Conn.
J. B. Griggs, Hartford, Conn.
Matthew T. Gaffney, Newark, N. J.
harles A. Campbell, Brooklyn, N. Y.
E. K. McNeil, Washington, D. C.
Pedro F. Francke, Lawrence, L. I., N.Y.
William Richmanns, New York City.
A. J. Barker, Dover, N. J.
W. P. Harbin, Calhoun, Ga.
J. L. McWilliams, Harcourt, N. B. Canada.
John N. Ryan, Passaic, N. J.
J. F. Bicak, New York City.
A. J. Mitchell, Newark, N. J.
L. V. Waldron, Nyack, N. Y.
A. V. Payne, Brooklyn, N. Y.
Antonie Pisani, New York City.
S. B. Pierce, Weldon, N. C.
Harry W. Humphrey, Copenhagen, N. Y.
L. G. Probasco, Andover, N. Y.
B. L. Wilson, Guy's Mill, Pa.
P. J. Dwyer, Ansonia, Conn.
C. L. Beil, New York City.
N. Janko, New York City.
James Long, Bryan, Ohio.
D. A. Penick, Jr., Lexington, Va.
Earls Terry Smith, Bridgeport, Conn.
Isaac M. Heller, New Haven, Conn.
Herbert L. Cooper, Vineland, N. J.
Carl Theobald, New York City.
Thomas E. Barry, Utica, N. Y.
Chas. M. Hickey, Brooklyn, N. Y.
A. W. L. Jackson, New York City.
Marcos I. Blank, New York City.
F. O. Blanckstone, Oradell, N. J.
James S. Slavin, Brooklyn, N. Y.
Dixi G. Hoyt, New York City.
H. H. Stearns, New York City.
Homer S. West, Clausville, Ohio.
H. S. Bartholomew, Whitehall, N. Y.
W. S. Cooke, New York City.
Inocente Mareira, Niauaqua, Nicaragua, S. A.
A. E. Jane. Y. Montoya, Guantanarus, Cuba.
Samuel S. Manheim, New York City.
W. C. Dean, Smithboro, N. Y.
M. Bilkis, New York City,
J. Preston Carver, Northampton, Mass.
Charles Huber, New York City.

Total..... 341.

SUMMARY.

College Registration of Students.

Bellevue Medical College, City of New York	92
University Medical College, City of New York	133
College of Physicians and Surgeons, City of New York	14
Eclectic College, City of New York	4
Leonard Medical College, North Carolina	1
Dartmouth Medical College, Hanover, N. H.	8
Medical College, Burlington, Vt	1
Yale Medical College, New Haven, Conn	8
Tuft Medical College, Boston, Mass	1
Buffalo Medical College, N. Y.	1
Columbia Medical College, Washington, D. C	1
Cleveland University, Ohio	3
Long Island College, Brooklyn, N. Y.	7
Albany Medical College, N. Y.	14
College of Physicians and Surgeons, Baltimore	2
University of Pennsylvania	1
Syracuse Medical College, N. Y.	1
New York Homeopathic College, New York City	2
McGill College, Montreal, Canada	1
Jefferson College	1
University of Michigan	1
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SUMMARY.

College Registration of Graduates.

Eclectic College, New York City	3
Womans' Hospital, New York City	1
University of South Tennessee	1
Womans' Medical College, Cincinnati	3
University of Virginia	2
Bellevue Medical College, City of New York	3
College of Physicians and Surgeons, City of New York	8
Kentucky School of Medicine	1
Buffalo Medical College	1
Albany Medical College	3
College of Physicians and Surgeons, Baltimore	1
Womans' Infirmary, New York City	2
University Medical College, New York City	1
New York Hospital, City	1
Long Island College, Brooklyn, N. Y	2
Georgetown Medical College, N. C	1
University of Vermont	2
Rush College, Chicago, Ill	1
College of Physicians and Surgeons, Chicago, Ill	1
Medical College, South Carolina	1
Maine Medical College	1
Omaha Medical College	1
Syracuse Medical College	1
Freiburg College, Baden, Germany	1
Columbia Medical College, Washington, D. C	1
Yale Medical College, New Haven, Conn	1
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CHARLES EDWARD TRACY.

Died January 24, 1896.

At a meeting of the Board of Governors of the Society of the Lying-in Hospital held on February 13, 1896, the following resolution was unanimously adopted:

Whereas, This Board has learned with deep regret of the death of Charles Edward Tracy, who, since 1880, has served as one of the Governors of the Hospital,

Resolved, That the members of the Board, feeling great sorrow at his death, enter this resolution upon their Minutes as a testimony to his interest in the welfare of the Society, and direct that a copy be furnished Mrs. Tracy.

ROBERT LENOX BELKNAP.

Died March 13, 1896.

The Board of Governors of the Society of the Lying-in Hospital, at a special meeting held on March 16, 1896, record with deep regret the death of Robert Lenox Belknap, for more than fifteen years one of the Governors of the Hospital, and since 1892 its faithful and efficient Treasurer.

Mr. Belknap was always earnestly devoted to the welfare of the Society, judicious in its counsels and active in furthering its good work, and the Board feel that in his death they have sustained a great loss, and, therefore, desire to place upon their record this expression of their sorrow and this tribute to his worth and generosity.

A diagram of the property owned by the Society of the Lying-in Hospital, situated on the northeasterly corner of Seventeenth street and Second avenue, is shown in the following page, and gives also the location of the present Hospital buildings.

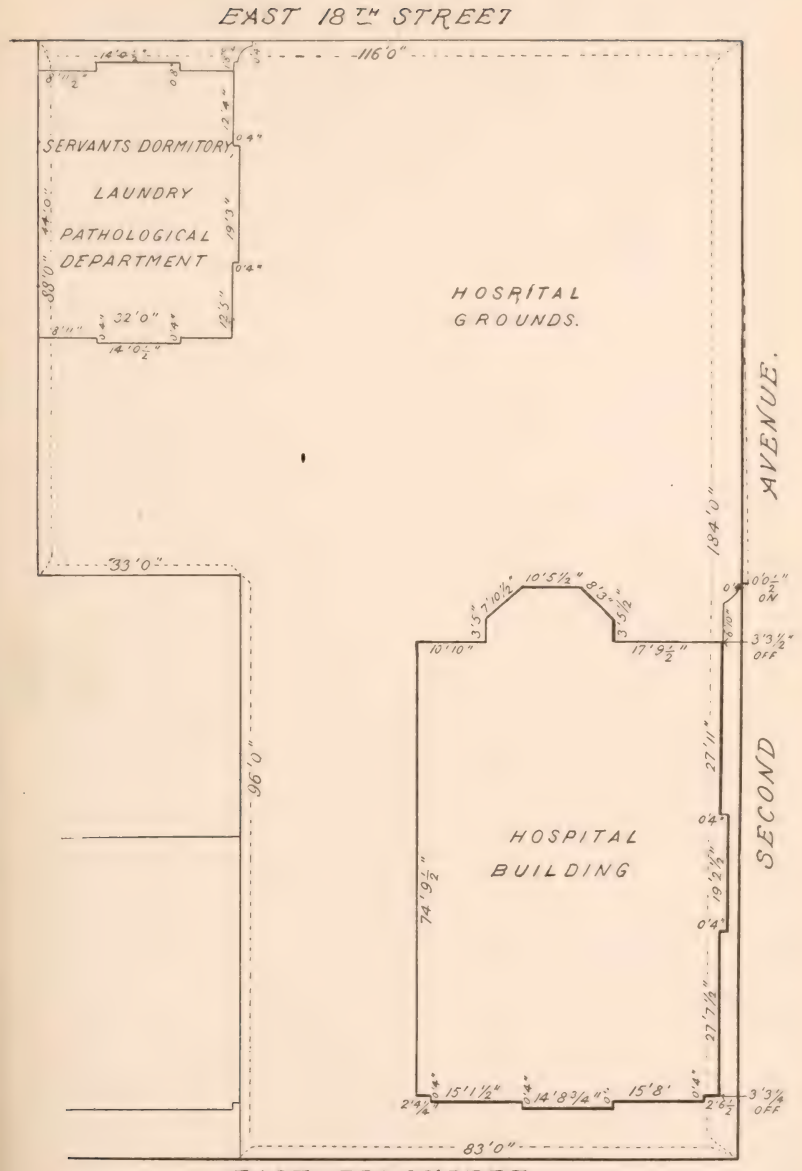
The property has a frontage of 184 feet on the avenue and extends 83 feet on Seventeenth street and 116 feet on Eighteenth street. It is near the stations of the elevated railroad at Eighteenth and Nineteenth streets, on Third and First avenues, being also accessible by means of the surface roads on Third and Second avenues and the cross-town cars through Seventeenth and Eighteenth streets, east and west. Transfers can now be obtained on these lines from almost every part of the city, making the Society's property convenient to reach from every direction.

The location, therefore, is not only a central one but is valuable in the facilities it gives poor people to be cheaply and quickly transported to it.

Opposite the Hospital property in Seventeenth street is Stuyvesant Square, containing between four and five acres of open space, affording the Hospital great advantages in respect to air and sunshine.

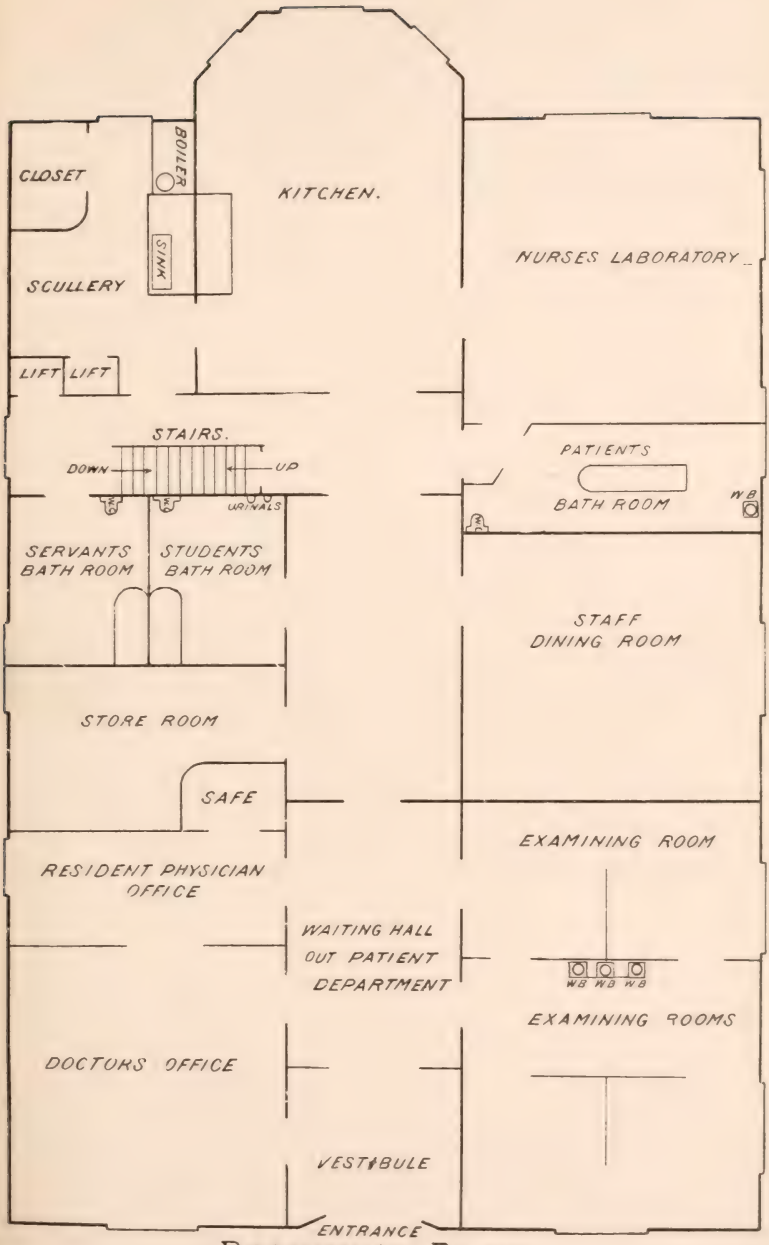
The extent of ground owned by the Society permits great opportunities for the enlargement of its work by additional buildings, and in the opinion of the Medical Board the situation is most advantageous for its future development.

The plans of the different Hospital floors in the present building are given, and serve to show how each room, now at the disposal of the Medical Board, is used in the conduct of the Hospital's work.

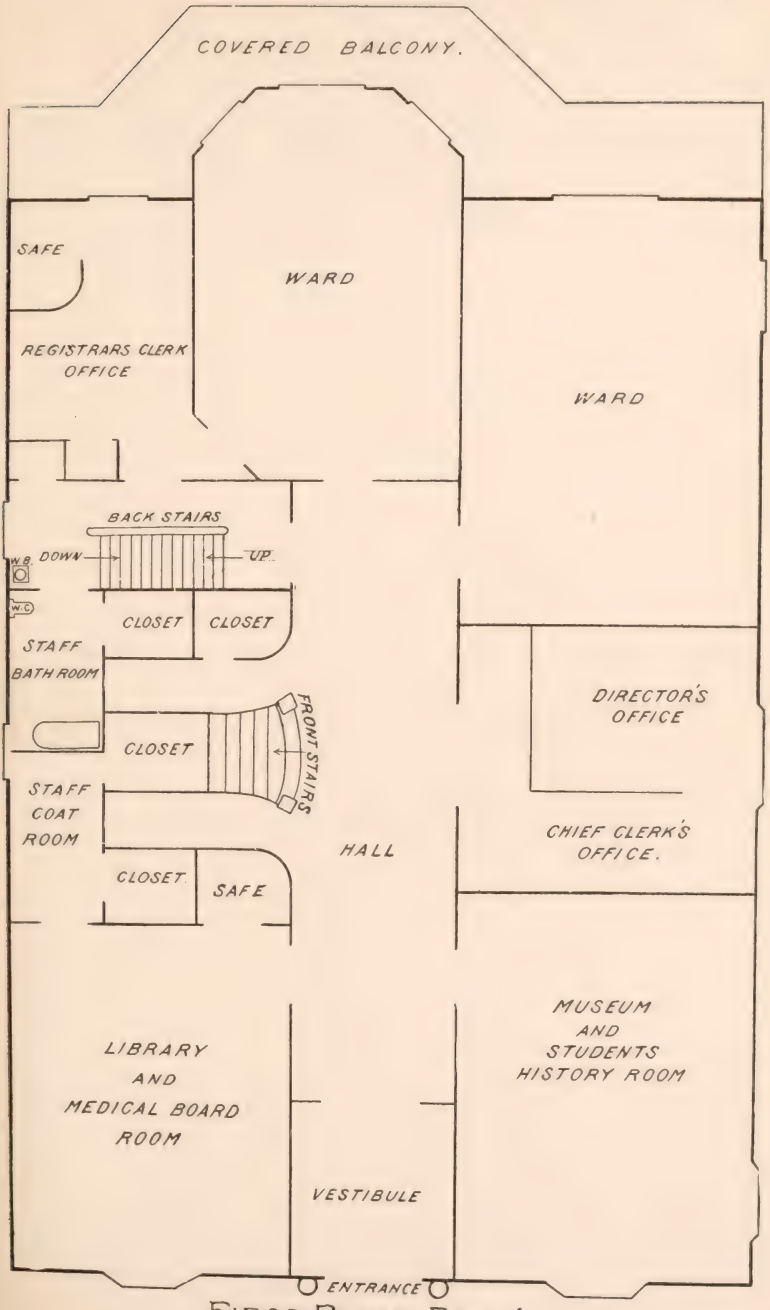


GROUND PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.

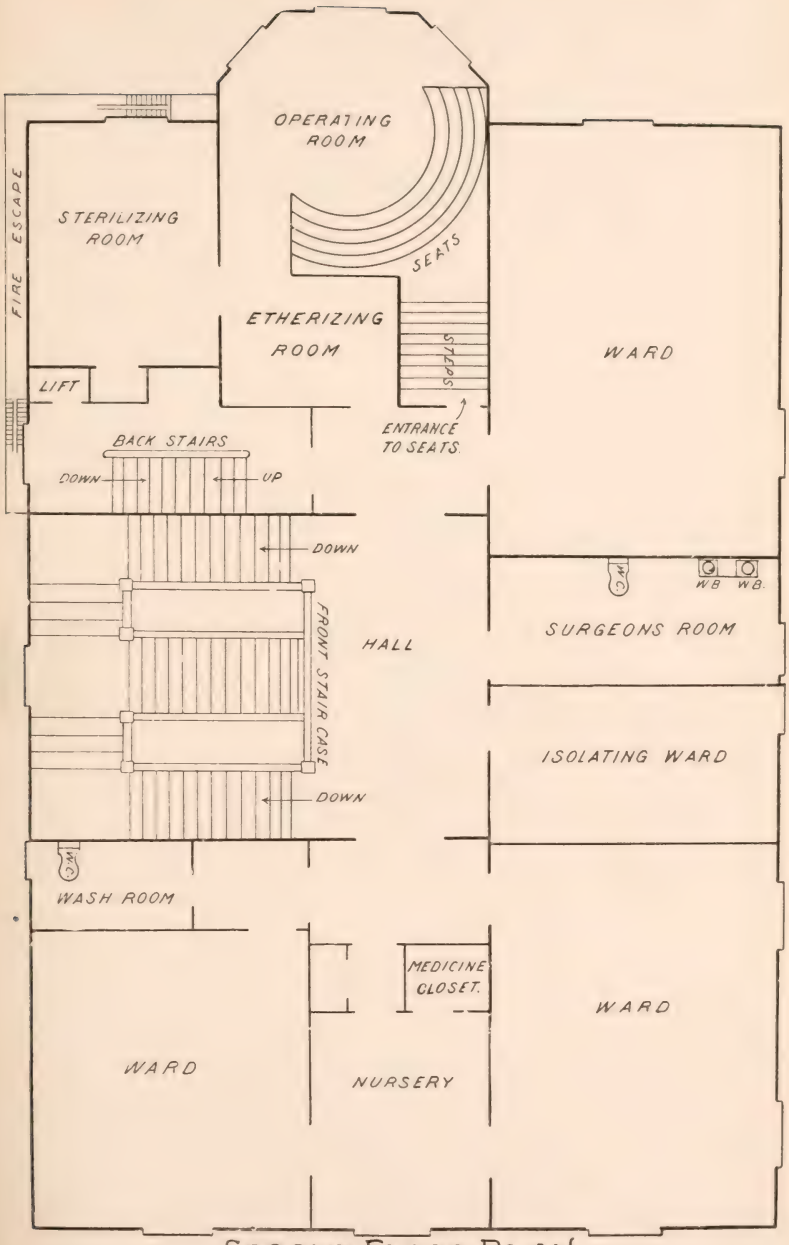


BASEMENT PLAN.
SOCIETY OF THE LYING-IN HOSPITAL.



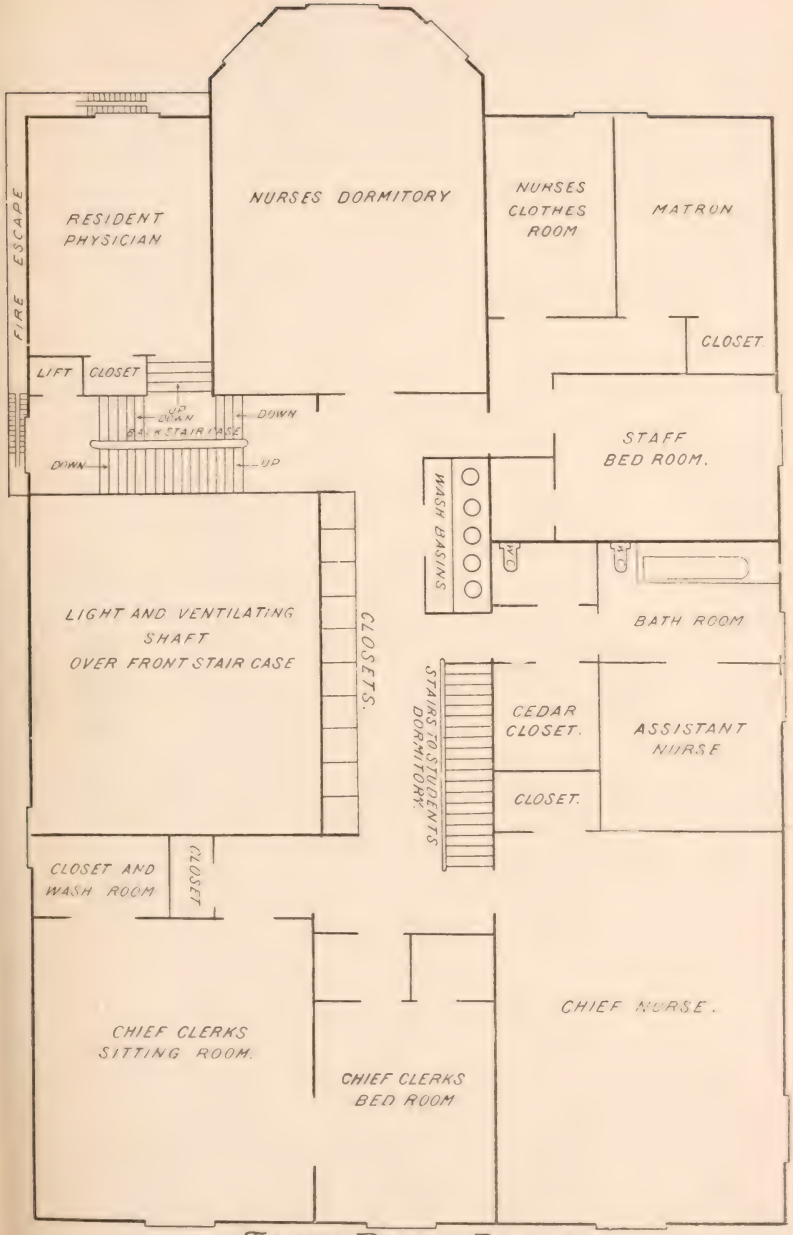
FIRST FLOOR PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.

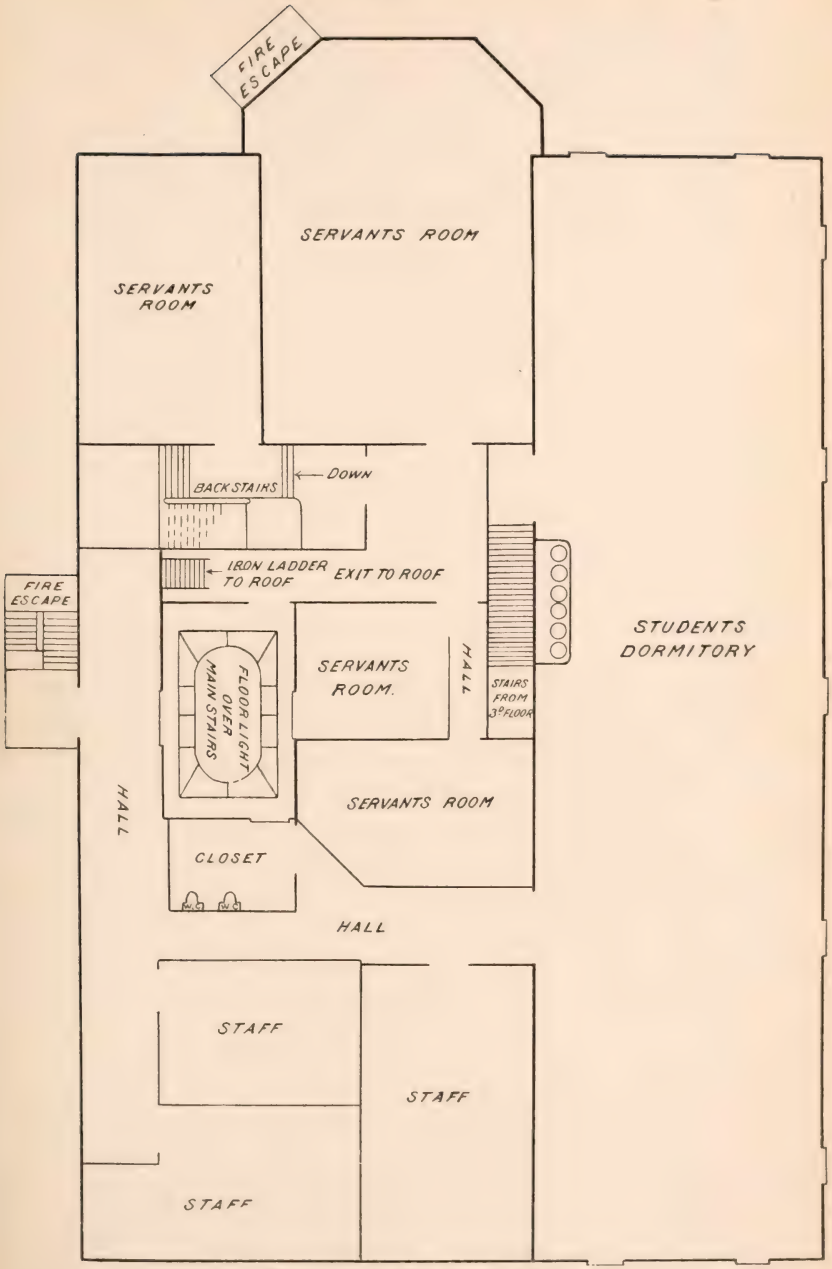


SECOND FLOOR PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.



THIRD FLOOR PLAN
SOCIETY OF THE LYING-IN HOSPITAL.



FOURTH FLOOR PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.

Debt of the Society of the Lying-in Hospital.

The Board of Governors gave back a purchase-money bond and mortgage of $110,000 at 4½ per cent., due in eight years, on taking title in June, 1894, to the present hospital property, and also borrowed from the United States Trust Company the sum of $60,000 at 3 per cent.

The Board of Governors gratefully acknowledge a second very generous contribution of $10,000 on account of the mortgage, making a total of $20,000, and which forms a special fund towards its payment.

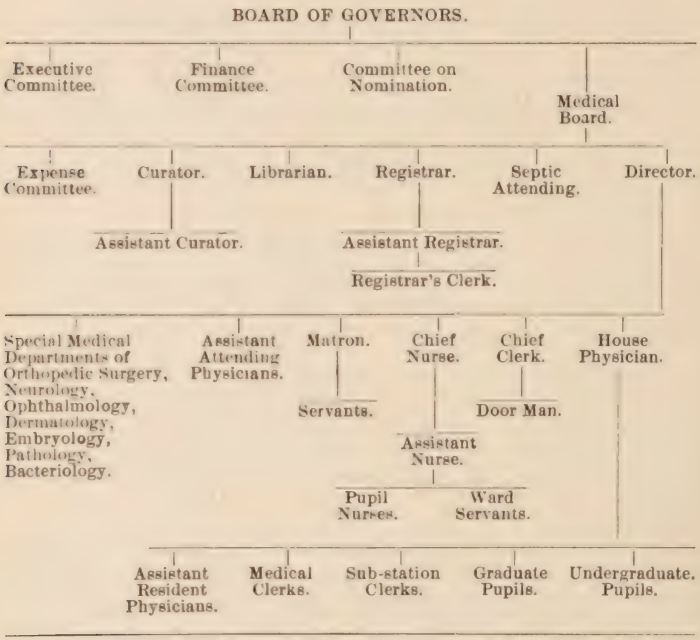
Further donations have reduced the sum of $60,000 originally borrowed to $40,500.

The total interest charges during the past year to the Society amount, it will be noted in the Treasurer's report, to $6,502.82.

Should further contributions be received from those disposed to aid the Society, the large expense of interest may be reduced and correspondingly more opportunity given the Society to extend its charitable work. Contributions are most earnestly solicited to extinguish the debt on the balance due.

Government of the Hospital.

The government of the hospital is carried on by two bodies, the Board of Governors and the Medical Board. The following chart will serve to show diagramatically the relation between these two bodies, and also the relations existing between them and the different departments of the Hospital.



With regard to the relation between the Board of Governors and the Medical Board, it should be said that the Medical Board is present, either as a whole or through its representative the Director, at each regular meeting of the Executive Committee of the Board of Governors. At these meetings the affairs of the Hospital are fully discussed.

Furthermore, the Expense Committee of the Medical Board presents to the Executive Committee at each meeting an estimate of expense for the ensuing month. According to this estimate, the Executive Committee appropriates a sum

total which represents the limit of expenditure for that month. Upon this basis the Medical Board contracts bills for the running expenses of the Hospital.

The following By-laws present the regulations which control the relations of the Board of Governors with its several Committees and the Medical Board :

BY-LAWS

OF THE

SOCIETY OF THE LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

1896.

CHAPTER I.

Election of Governors.

1. The time for electing Governors on the day prescribed by the Charter or for filling a vacancy among the Governors, shall be from four to five o'clock in the afternoon; and the place shall from time to time be appointed by the Board.

2. Inspectors of the election shall be appointed by the Board, and they shall attend the election and certify the result in writing, which certificate shall be presented to the Board and recorded in its minutes.

3. A person subscribing to the funds of the Society a sum not less than five dollars, provided his subscription is accepted by the Board, upon being duly nominated and elected by the Governors, may become a member of the Society.

A person subscribing at one time to the funds of the Society the sum of five thousand dollars shall become a Patron of the Society, and any person so subscribing the sum of five hundred dollars shall become a Benefactor of the Society.

4. No person shall be eligible for the office of Governor unless he shall have so subscribed to the funds of the Society at least three months previous to an election.

CHAPTER II.

1. If any Governor shall be absent from three successive stated meetings of the Board, or from three successive stated

meetings of any Committee of which he shall be a member, his place as Governor may be vacated.

CHAPTER III.

Meetings of the Governors.

1. The Board of Goxernors shall hold stated meetings on the second Wednesday of each month. The hour and place of meeting shall be from time to time appointed by the Board.

2. Special meetings may be called by the President, or in his absence by the Vice-President, or on a written requisition of two Governors.

3. A number of not less than five shall be a quorum for the transaction of ordinary business; but for the appropriation or disposal of any of the property or money of the Society, except for the payment of the necessary expenses, a number not less than seven shall be necessary to constitute a quorum, of which number the President, or in his absence the Vice-President, shall be one.

4. At the stated meeting in April, each year, the Board shall elect from its number, by ballot, the President, Vice-President, Treasurer and Secretary, and shall appoint the following Standing Committees, namely:

1. A Finance Committee, to consist of three Governors.

2. An Executive Committee, to consist of five Governors.

3. A Committee on Nominations, to consist of three Governors, to whom shall be referred the names of all candidates who may be proposed for election to the office of Governor, and of all nominations for vacancies occurring in any of the other offices of the Society, whenever they may occur.

5. The following shall be the order of business of the meetings of the Board:

1. Reading of the Minutes of last meeting.

2. Reading of the Minutes of Standing Committees.

3. Reports of Officers of the Board.
4. Reports of Standing or Special Committees.
5. Unfinished Business.
6. Miscellaneous Business.

CHAPTER IV.

Duties of Officers.

1. The President, or Vice-President, together with the Secretary, may, upon the payment of the principal and interest of any bond or mortgage held by the Society, execute a certificate of satisfaction thereof, or an assignment of the same without recourse.

2. The Treasurer shall have the custody of the funds of the Society, which shall be deposited in a Bank or Trust Company, to be designated by the Board, and he is authorized to receive the interest or dividends on all securities and to give receipt therefor. In case of his absence or disability, the President or Vice-President is authorized to receive such interest or dividends.

3. The Treasurer shall keep books of account, and at each stated meeting shall make a report of the several sums by him received and expended.

4. The Secretary shall have the custody of the records and papers of the Society, other than the securities and medical records; he shall keep fair and accurate minutes of the proceedings of the Board, and notify the Governors of the meetings. He shall cause notice of the election for Governors to be published as required by the Charter. He shall have the custody of the corporate seal of the Society.

CHAPTER V.

Finance Committee.

1. The Finance Committee shall, from time to time, give directions to the Treasurer in regard to the investment of the funds of the Society, and no change shall be made in any investment without the authority of the said Committee.

They shall, as often as once in six months, examine the Treasurer's accounts and make a report to the Board of the condition of the finances of the Society.

CHAPTER IV.

Custody of Securities.

1. All securities shall be kept in a Safe Deposit Company to be selected by the Board, to which access shall be obtained by the Treasurer when accompanied by a member of the Finance Committee.

2. A Record Book shall be kept in which all visits to the safe deposit box shall be entered, with full particulars of the object of the visit. This entry shall be signed by the visitors, and the Record Book shall be submitted to the Board at each meeting.

CHAPTER VII.

Executive Committee.

1. The Executive Committee shall have the supervision of all buildings and improvements belonging to the corporation, and shall hold stated meetings at least once in each month, and as often as the exigencies of business may require.

2. They shall audit the bills on receiving them from the Medical Board, and make a draft on the Treasurer for the amount of the same. At their succeeding meeting they are to examine all such bills to see that they are duly receipted. They shall notify the Medical Board each month of the total amount of money which may be expended for all running expenses during the following month.

3. They shall keep a book of minutes and enter therein such business as may come before them, which book must be laid before the Governors at every monthly meeting.

4. The Committee may direct the expenditure of money or clothes for the relief of patients who, from extreme poverty or circumstances of peculiar distress, may need such aid.

5. Whenever they think it necessary that a special meeting of the Governors should be called, they shall apply for that

purpose to the President or in his absence to the Vice-President. In the absence or inability of both to act, such meetings may be called by the Chairman of the Executive Committee.

CHAPTER VIII.

Medical Board.

1. The Board of Governors shall at their first meeting after the annual meeting of the Society elect four physicians to hold office for one year, who shall be exempt from continual attendance at the Hospital, but shall be considered as counselors.

2. The Consulting Physicians shall nominate to the Board of Governors for appointment five members of the medical profession, who shall be known as the Attending Physicians, who shall hold office for one year, and who, with the consulting physicians, shall constitute the Medical Board, no member of which shall, as such, receive any salary for his services.

3. The Medical Board shall be known as the Medical Board of the Society of the Lying-in Hospital of the City of New York, and shall organize as such by the appointment of a President and Secretary, and such other officers as they may deem proper.

4. The Medical Board shall be responsible to the Board of Governors for conducting the professional and educational work of the institution. They shall prescribe such rules for the admission, treatment and discharge of patients, for the government of students and for the regulation of the service as shall seem to them best, but such rules shall be approved by the Board of Governors before going into effect.

5. The Medical Board shall nominate to the Board of Governors for appointment physicians to be known as Assistant Attending Physicians, to serve until the close of the term of the Medical Board, and under its direction.

6. The Medical Board shall appoint the physicians to serve on the House Staff, and shall regulate and prescribe their duties. It shall also employ clerks, servants, nurses

and all other persons needful and necessary for the conduct of the work of the Hospital, and prescribe the duties of each. It shall purchase all supplies and superintend the making of all repairs, the bills for which shall, when approved, be sent to the Executive Committee for payment.

7. No expense shall be incurred by the Medical Board in any month in excess of the amount which has been certified to it by the Executive Committee as being available for that month, and no extraordinary expenditures shall be incurred without conference with the Executive Committee or the Board of Governors as to the means to provide for the same.

8. No physician, officer, nurse or servant of this institution shall accept any gift or bequest from or on behalf of any patient.

CHAPTER IX.

Persons may endow beds in the Society's Hospital as follows: By a payment of $5,000 a bed may be endowed in perpetuity; by a payment of $3,000 a bed may be endowed for one life; by a payment of $250 a bed may be endowed for one year. Persons so endowing beds shall have such rights in respect to naming patients to the Society for treatment as the Governors shall from time to time prescribe.

CHAPTER X.

Amendments to By-Laws.

1. Any alteration or amendment of these By-Laws must be proposed in writing at a stated meeting of the Governors, but cannot be acted upon until a subsequent stated meeting, when the same may be adopted, provided a majority of the Governors shall approve thereof; but no change in any By-Law affecting the relation of the Medical Board to the Medical or Educational work of the Society shall be adopted except after consultation with and with the assent of said Medical Board.

2. These By-Laws shall take effect immediately, and all other By-Laws of the Society are repealed.

In accordance with sections 4 and 6 of chapter VIII. of the By-Laws the Medical Board has formulated the following rules and regulations:

RULES AND REGULATIONS.

CHAPTER I.

The Medical Board.

1. The Medical Board shall meet weekly at the Hospital Building.

2. The order of business at this meeting shall be as follows:

1. Calling of the roll.
2. Reading of the minutes of the previous meeting.
3. Report of Directors.
4. Reports of Curator, Librarian, Registrar and Septic Attending.
5. Report of Expense Committee.
6. Unfinished business.
7. Miscellaneous business.

The Director shall preside at these meetings in the absence of the President. The Septic Attending shall act as Secretary in the absence of that officer.

3. The Medical Board shall at all times constitute an Inspection Committee of the Hospital.

4. The members of the Medical Board shall report to the Director any infringement of the rules of the Institution which may come under their personal observation.

5. The Medical Board shall be represented at the meetings of the Executive Committee, and at the regular meetings of the Board of Governors by the Director.

6. The Attending Physician shall serve in regular rotation for periods of two months; the first month as Director, the second month as Septic Attending,

7. Any Attending Physician may retain any case after operation, or any post-partum case of special interest after his term of office is over, and not transfer the same to his successor; and any case once operated upon by any Attending

Physician must always be referred to that same physician for subsequent operation.

8. The member of the Medical Board next in order of rotation shall take the service of the Director whenever the latter is incapacitated from serving.

9. The member of the Medical Board who last served on Septic duty shall take the service of the Septic Attending whenever the latter is incapacitated from serving.

10. Any member of the Medical Board who may require a substitute under the operation of Rules 8 and 9 shall promptly notify such substitute upon his departure and upon his return.

CHAPTER II.

The Expense Committee.

1. The Expense Committee shall consist of two members of the Medical Board, neither of whom shall be the Director. Each member of the Medical Board shall serve on the Expense Committee during the two fiscal months following his month of service as Director. The fiscal month shall end on the fifteenth of each callendar month.

2. The Expense Committee shall inspect all bills and sources of expense of the month previous to their month of service, in order that any feasible retrenchment may be effected and that no source of expense may increase without good cause.

3. The Expense Committee shall inspect all requisitions submitted by the Director, and, if approved, shall sign the same.

4. The Expense Committee shall present the bills of their month of service, duly certified as correct, to the Medical Board at their meeting immediately preceding the regular monthly meeting of the Executive Committee of the Board of Governors. They shall report at the same meeting concerning any peculiar past expenditures, and shall present an estimate of total expenses for the following month.

5. The Expense Committee shall apply to the Executive Committee of the Board of Governors for the sum approved by the Medical Board.

6. The Expense Committee shall incur no debt in excess of the amount previously authorized by the Executive Committee of the Board of Governors.

CHAPTER III.

Curator.

1. The Curator shall be chosen from the Medical Board, and shall serve for one year.

2. The Curator shall oversee the work of the Assistant Curator.

3. The Curator shall cause to be kept a list of all specimens received, and shall report from time to time their condition to the Medical Board.

CHAPTER IV.

Assistant Curator.

1. The Assistant Curator shall be a regular graduate in medicine and shall be appointed by the Medical Board.

2. The Assistant Curator shall receive all specimens from the several departments, and see that they are properly mounted and labeled. He shall be responsible to the Curator for their good preservation.

CHAPTER V.

Librarian.

1. The Librarian shall be chosen from the Medical Board and shall serve for one year.

2. The Librarian shall have charge of the Library and of all books, periodicals and journals belonging to the Hospital.

3. The Librarian shall see that all such books, periodicals and journals are properly stamped with the stamp of the Hospital Library.

4. The Librarian shall keep a card index catalogue of all books, periodicals and journals in the Library.

5. He shall see that all periodicals and journals are properly bound as soon after the completion of each volume as may be expedient.

6. The Librarian shall purchase books only after they have been ordered by the Medical Board, and shall renew all subscriptions to regular periodicals when necessary.

7. The Librarian shall have charge of those Medical Reports of the Hospital which may remain after the annual distribution made by the Registrar.

8. The Librarian shall report to the Medical Board concerning moneys paid out and cash on hand, at least once a month, at their regular meetings.

CHAPTER VI.

The Registrar.

1. The Registrar shall be chosen from the Medical Board and shall serve for one year.

2. The Registrar shall oversee the work of the Assistant Registrar and of the Registrar's Clerk.

3. The Registrar shall compile the annual report to the Board of Governors and the statistical analysis of the year's work.

CHAPTER VII.

The Assistant Registrar.

1. He shall be a regular graduate in medicine and shall be appointed by the Medical Board.

2. He shall have general oversight of the Registrar's Clerk.

3. He shall inspect the finished histories and shall write the proper confinement numbers, the diagnosis of the obstetric presentation and of all complications and shall indicate the number of cards required for the card index.

4. He shall perform such other duties as the Registrar may direct.

CHAPTER VIII.

The Registrar's Clerk.

1. He shall be at the Hospital daily, except Sundays, from 9 A. M. till 5 P. M.

2. He shall be under the supervision and direction of the Registrar and the Assistant Registrar.

3. He shall compile the statistical records of the Hospital and shall have charge of the finished histories, and prepare the same for binding.

4. He shall do such other work as the Medical Board may direct.

CHAPTER IX.

The Septic Attending.

1. He shall not be required to visit the Hospital unless he shall be specially notified by the Director.

2. He shall take personal charge of all cases presenting any symptoms of septic infection thus referred to him.

3. He shall make a weekly report to the Medical Board concerning the cases referred to him.

4. He shall be assisted in his work by that member of the Resident Staff who holds the position of Physician on Septic and History duty.

5. He shall deliver lectures each week in the lecture-room of the Hospital upon the subjects prescribed by the Medical Board.

6. He shall be at liberty to place the cases referred to him in the care of his own Assistant Attending Physician without infringing upon Rule 9, Chapter I.

CHAPTER X.

The Director.

1. The Director shall have the general oversight of the Hospital, and manage the several Departments. He shall present to the Expense Committee estimates for all expenditures, and report each week to the Medical Board the condition of the different departments under his charge.

2. The Director shall make requisitions for the several departments, and forward the same to the Expense Committee.

3. The Director shall cause to be kept such books as may be necessary to preserve a monthly record of goods received

and of goods dispensed from the storerooms of the different departments. He shall each month balance said books and inspect the requisitions receipted by the heads of the several departments.

4. The Director shall see that the inventories of properties of the several departments are kept in proper condition.

5. The Director shall visit the Hospital daily, and shall sign the attendance-book, stating hour of arrival and departure.

6. The Director shall receive a report of the past twenty-four hours from the Resident Physician.

7. The Director shall visit any case presenting a complication, in company with the Resident Physician or the Assistant having charge of such case.

8. The Director shall, at his discretion, cause notice to be sent to each of the other members of the Medical Board in cases of sufficient interest.

9. The Director shall oversee the instruction given to the pupils, and shall personally do as much of this instruction as he may deem necessary.

10. The Director shall deliver lectures each week in the lecture-room of the Hospital upon the subjects prescribed by the Medical Board.

11. The Director shall make a weekly report to the Medical Board concerning his term of service in the book provided for that purpose.

12. The Director shall determine when the Septic Attending shall be called, and what cases it is necessary to refer to him.

CHAPTER XI.

The Assistant Attending Physicians.

1. Each Assistant Attending Physician shall serve in regular rotation during the terms of service of his respective Attending Physician.

2. Each Assistant Attending Physician shall be present in the examining-rooms one day in each week for purposes of

instruction and for the purpose of assuring accuracy in diagnosis and in the recording of abnormalities.

3. The Assistant Attending Physician of the Director shall hold a formal recitation each week upon the work of the Hospital and upon the subject-matter of the lectures given by the Director and the Septic Attending.

4. He shall deliver one lecture each week to the nurses.

5. He shall do such other work as the Director may request.

CHAPTER XII.

The House Physician.

1. He shall be a regular graduate of medicine and shall be appointed for a period of six months.

2. He shall reside at the Hospital.

3. He shall not be absent at the usual hours of attendance of the Director, unless in the service of the Hospital.

4. He shall place an assistant in charge whenever it is necessary for him to leave the Hospital.

5. He shall not leave the city without the consent of the Director and shall never sleep out of the house.

6. He shall be entitled to a vacation of two weeks in six months and shall be required to provide a satisfactory substitute during his absence.

7. He shall attend to no other business than that of the Hospital, nor shall he engage in private practice for his own account.

8. He shall superintend the instruction of pupils.

9. He shall report immediately to the Director and to his Assistant Attending Physician any abnormal presentation or position and any case requiring operative interference. He shall do only that which he deems necessary for the safety of the mother or child before the arrival of the Director or his Assistant Attending Physician.

10. He shall see that the Resident Staff is notified of all cases occurring in the Hospital.

11. He shall assign their work to members of the staff and to the students.

12. He shall keep himself informed of the condition of each patient in the service of the Hospital and shall see that she is visited by the staff at the proper times.

CHAPTER XIII.

1—The Assistant Resident Physician.

1. They shall be regular graduates in medicine and shall be appointed for a period of six months.

2. They shall reside in the Hospital.

3. They shall not leave the city without the consent of the Director and shall never sleep out of the house.

4. They shall attend to no other business than that of the Hospital, nor shall they engage in private practice for their own account.

5. They shall be entitled to two weeks' vacation, but must furnish, during their absence, a substitute who shall be acceptable to the Director.

6. They shall, when absent from the premises otherwise than in the service of the Hospital, record the hour of their departure and their return, and shall report personally to the House Physician when they leave and when they return to duty.

7. They shall be under the direction of the House physician and shall assist him in the instruction of the pupils and in the treatment of the patients in any manner that he may direct.

8. The Assistant Resident Physician left in charge of the Hospital during the absence of the House Physician shall assume all the duties and responsibilities of the latter.

9. Any Assistant Resident Physician in charge of a patient in the out-door service of the Hospital shall immediately notify the House Physician by telephone if any operative interference is required. He shall do only that which he deems necessary for the safety of the mother or child before the arrival of the House Physician.

10. Each Assistant Resident Physician shall be allowed eave of absence once a week, from two o'clock until midnight,

unless the necessities of the service should prevent. Permission for leave of absence, other than the above, will be granted only in extraordinary cases.

11. Each Assistant Resident Physician shall serve, as he may be assigned, on Septic and History duty, on out-door and on in-door service.

12. The Physician on Septic and History Duty.

a. He shall take the ante-partum histories of applicants.

b. He shall see that records of labor cases, post-partum records and records of operations are promptly and correctly recorded.

c. He shall assign the post-partum work to students and receive their reports of such cases.

d. He shall instruct the students in regard to the contents of labor and post-partum bags, the uses of the same and the proper methods of conducting, reporting and recording labor and post-partum work.

e. He shall attend to the urinalysis and record the same on the proper blanks.

f. He shall daily correct and review the records taken by the pupils, and shall exhibit them to the Assistant Registrar at his visits.

g. He shall keep a correct record of post-partum cases on the post-partum slate.

13. Physicians on Out-door Service.

a. They shall visit such cases as the House Physician may direct.

b. They shall report, in writing, upon the cases visited to the House Physician upon their return to the Hospital.

c. They shall write on the proper records an account of all operations done by them immediately upon their return from the same.

d. They shall call the Assistant Attending Physician on duty in the examining rooms to examine all abnormalities which they may discover among the pregnant women examined.

In the absence of this officer they shall call upon the House Physician for this same purpose.

e. They shall rotate in a prescribed order on day and night call; the day men shall answer all labor calls received before midnight; the night men shall answer all labor calls received before nine o'clock in the morning.

f. They shall instruct the students when visiting cases of labor and see that they are following the rules in regard to the work.

14. The Physician on In-door Service.

a. He shall assist the House Physician in the confinement and treatment of ward patients.

b. He shall be responsible for the histories of the ward patients.

c. He shall accompany the attending and Resident Physician on rounds and perform such other duties as may be assigned him by the House Physician.

15. Assistant Resident Physicians, not on duty in the In-door Service, shall not enter the wards or delivery room without permission and shall give no orders concerning the ward patients.

16. The Assistant Resident Physician not on Septic and History duty shall not loiter in the office.

CHAPTER XIV.

The Medical Clerks.

1. The Day Clerk shall be at his desk from 9.00 A. M. to 9.00 P. M.

2. The Night Clerk shall be at his desk from 9.00 P. M. to 9.00 A. M.

3. They shall receive calls, and dispatch students in regular turn to cases, under the supervision of the House Physician.

4. They shall receive all medical reports from cases in labor and shall stamp them with the time clock and have them countersigned by the Resident Physician.

5. They shall ascertain whether students have made their post-partum calls before sending them out on labor cases.

6. They shall ascertain whether any students remaining on cases of labor have post-partum calls to make; in such event they shall report the fact to the House Physician, that the students may be relieved if necessary.

7. They shall, during the absence of the Physician on Septic and History duty, receive the report of students regarding their post-partum cases, and give such reports to the Septic Physician on his return.

8. They shall receive applicants for ante-partum examinations and for admission to the Hospital.

9. They shall keep a record, in the books set apart for the purpose, of all applications and discharges.

10. They shall keep upon the proper cards a monthly record of all cases delivered, and another of all operations performed.

11. They shall fill out and sign the necessary certificates of births, still-births and deaths, and forward them to the Board of Health as required by law, after they have been signed by the House Physician.

12. They shall see that the Case-book is properly written up immediately after the return of pupils from a case, and that the case is entered upon the monthly record card.

CHAPTER XV.

Sub-station Clerks.

1. The Day Clerk shall be at his desk from 7.00 A. M. to 7.00 P. M.

2. The Night Clerk shall be at his desk from 7.00 P. M. to 7.00 A. M.

3. They shall receive calls and report immediately by telephone to the main Hospital.

4. They shall receive medical reports from patients and transmit them by telephone to the main Hospital.

5. They shall keep a record of all messages transmitted in accordance with Rules 3 and 4, and shall record the time at which they are received.

6. They shall be authorized to transmit orders from the main Hospital to students and Assistant Resident Physicians who may be on duty in the service of the Sub-station.

7. They shall be allowed leave of absence for half a day once in each week.

8. They shall be responsible for the cleanliness of the Sub-station.

CHAPTER XVI.

Graduate Pupils.

1. Each Graduate Pupil shall, before going on duty, pay to the Chief Clerk the prescribed fee, which will entitle him to reside at the Hospital and receive the regular instruction for the period of one month.

Students or Graduates wishing to remain a longer or a shorter period of time will be allowed to make special contracts subject to the approval of the Medical Board.

2. Any Graduate Pupil wishing to leave the Hospital before his allotted term of service has expired, must notify the Director at least forty-eight hours before leaving.

3. Any Graduate Pupil may be denied the use of the Hospital at the discretion of the Director.

4. All Graduate Pupils shall be under the direct control of the House Physician.

5. No Graduate Pupil shall be absent from the Hospital all night except in the discharge of his duty. He shall board in the neighborhood at his own expense and shall report to the Medical Clerk upon going to his meals and upon returning from them.

6. Graduate Pupils shall be assigned cases in regular rotation with the Undergraduate Pupils, but they may at their discretion forfeit their turn. They must, however, continue in the care of every case which they have once assumed.

7. They shall visit each case twice daily for the first three days, and then once a day, or oftener if necessary, until the ninth day or as long as the case may require attention.

8. They shall after each visit report the patient's condition to the Assistant Resident Physician on Septic and History duty, or, in his absence, to the Medical Clerk. He must take charge of at least fifteen cases during the month of service.

9. All Graduate Pupils, on returning from a case, shall immediately make the entry of their notes upon the proper blanks provided by the Hospital.

10. No Graduate Pupil, while in the performance of his duties, shall advise or prescribe for any patient who may apply to him, without consultation with a member of the Resident Staff.

11. Graduate Pupils shall not perform any obstetric operation, nor interfere with any mal-presentation, nor give an intra-uterine douche, but if he deem such interference necessary he shall send immediately to the Hospital for assistance.

12. Graduate Pupils shall be furnished by the Hospital with clinical thermometers, tape measures, locker keys and stethoscopes on receipt of the prescribed deposit. Pupils shall be responsible for the return of these articles in good condition.

13. Graduate Pupils, when sending to the Hospital for help, shall invariably fill out the blanks provided for that purpose, being particular to note the time and reason for sending.

14. Graduate Pupils shall perform such operations as the Director may at his discretion allow.

15. No Graduate Pupil shall receive personal remuneration from a patient under any circumstances.

16. Each Graduate Pupil shall, before going on duty, deposit with the Chief Clerk the sum of ten dollars as security for the cost of keys, thermometer, tape measure and stethoscope, and as a guarantee that he will attend fifteen cases and serve his full month. This deposit will be forfeited in case the Pupil leaves or is dismissed before the end of his full term of service. Any Graduate Pupil may be dismissed by the Director, subject to the approval of the Medical Board.

17. Graduate Pupils taking this course must agree not to engage in any surgical, pathological or septic work.

18. Each Graduate Pupil at the termination of his service, provided he shall have performed his duties faithfully and for the full time of his appointment, to the satisfaction of the Medical Board and the Governors, may receive from them a certificate thereof.

CHAPTER XVII.

Undergraduate Pupils.

1. Each pupil shall, before going on duty, pay to the Chief Clerk the prescribed fee, and will, in return, receive a receipt which will entitle him to reside at the Hospital and receive the regular instruction for the period of two weeks. Students or graduates wishing to remain a longer or a shorter period of time will be allowed to make special contracts, subject to the approval of the Medical Board.

2. Any pupil wishing to leave the Hospital before his alloted term of service has expired, must notify the Director at least forty-eight hours before leaving.

3. Any pupil may be denied the use of the Hospital at the discretion of the Director.

4. All pupils shall be under the direct control of the House Physician.

5. No pupil shall be absent from the Hospital all night, except in the discharge of his duty. They shall board in the neighborhood at their own expense. They shall report to the Medical Clerk upon going to their meals and upon returning from them.

6. Pupils shall be assigned cases in regular rotation. If the pupil on turn be out in the duty of the Hospital when a case comes in, he shall lose the case, but he shall not lose his turn. If, however, he be absent on his own pleasure, he shall lose both the case and his turn. A case thus transferred goes to the pupil next in the order of rotation.

7. No pupil shall be present at any labor not falling to him in turn, except in the case of operations, and only in such cases as the Director shall permit.

8. Each pupil shall visit twice daily, or oftener if necessary, post-partum cases assigned to him, and also such other cases as the House Physician shall direct. He shall, at these visits, observe the strictest antisepsis, and shall report after each visit the patient's condition to the Assistant Resident Physician on Septic and History duty, or in his absence to the Medical Clerk.

9. All pupils, on returning from a case, shall immediately make the entry of their notes upon the proper blanks provided by the Hospital.

10. No pupil, while in performance of his duties, shall advise or prescribe for any patient who may apply to him.

11. No pupil shall perform any obstetric operation, nor interfere with any mal-presentation, nor give an intra-uterine douche. If he deem such interference necessary, he shall send immediately to the Hospital for assistance.

12. Pupils shall be furnished by the Hospital with clinical thermometers, tape measures, locker keys and stethoscopes on receipt of the prescribed deposit. Pupils shall be responsible for the return of these articles in good condition.

13. Pupils, when sending to the Hospital for help, shall invariably fill out the blanks provided for that purpose, being particular to note the time and reason for sending.

14. Pupils shall, at the discretion of the Director, be isolated from attending normal cases of labor, to attend any septic cases that may arise.

15. No pupil shall receive personal remuneration from a patient under any circumstances.

16. Each pupil shall, before going on duty, deposit with the Chief Clerk the sum of ten dollars as security for the cost of keys, thermometer, tape measure and stethoscope, and as a guarantee that he will serve his full fourteen days. This deposit will be forfeited in case the pupil leaves or is dismissed before the end of his full term of service. Any pupil may be dismissed by the Director, subject to the approval of the Medical Board.

17. Pupils shall serve for a term of two weeks from 9 o'clock in the morning on the date of appointment until 12

o'clock noon on the fifteenth day thereafter, or until they shall have made, reported and recorded their post-partum calls for that day.

18. Each pupil at the termination of his service, provided he shall have performed his duties faithfully, and for the full time of his appointment, to the satisfaction of the Medical Board and of the Governors, may receive from them a certificate thereof.

CHAPTER XVIII.

Chief Clerk.

1. He shall be under the control and direction of the Medical Board, performing such duties as the Director may order.

2. He shall have a desk in the Director's office, where he shall be on duty from 9 A. M. to 6 P. M.

3. He shall receive and register all students and shall keep a record of all fees and diplomas. He shall see that each student before going on duty signs and receives a copy of the Rules of the Hospital.

4. He shall perform the clerical work of the Director and keep the accounts.

5. He shall purchase all supplies and shall forward to each dealer the original requisition of the Director after it is countersigned by one of the Expense Committee.

6. He shall receive all goods purchased by him, and be responsible for their delivery to the proper departments of the Hospital.

7. He shall require each Head of Department to sign the duplicate requisition and keep the same as a voucher of the proper distribution of all purchased goods.

CHAPTER XIX.

Doorman.

1. He shall be on duty from 9 A. M. to 6 P. M., and shall have a desk at the front hall.

2. He shall be under the control of the Director and the Chief Clerk.

3. He shall answer all calls at the main entrance and shall do errands and such clerical work as the Director may order.

CHAPTER XX.

Chief Nurse.

1. She shall be a Graduate of some Training School.

2. She shall reside in the Hospital.

3. She shall be entitled to two weeks' vacation in each six months.

4. She shall instruct the Assistant and Pupil Nurses in such subjects as the Medical Board shall direct.

5. She shall be present at all operations, and oversee the work in the Out-patient Department.

6. She shall be responsible for all Medical Supplies in stock, and shall keep the extra supplies of these in the proper storeroom. She shall notify the Director when supplies are needed. She shall keep in the book provided therefor a list of all receipts and disbursements of goods to and from that storeroom, and shall exhibit the same to the Director at least once a month.

7. She shall sign the proper voucher that all goods are received in the storeroom from the Chief Clerk.

8. She shall be responsible for the cleanliness of the wards, operating-room, outdoor department and nurses' apartments.

9. She shall arrange and supervise the work of the ward servants.

CHAPTER XXI.

Assistant Nurses.

1. They shall be entitled to two weeks' vacation in each six months.

2. They shall oversee the preparation of dressings and of the labor and post-partum bags.

3. They shall assist in making ante-partum examinations in the examining-rooms.

4. They shall assist at operative cases when required to do so by the Attending or Resident Physicians.

5. They shall reside in the house.

6. They shall be under the supervision of the Chief Nurse in regard to their hours of service.

7. They shall do such other work as the Chief Nurse may direct.

CHAPTER XXII.

Pupil Nurses.

1. Nurses who have already received at least six months training in a general or other hospital shall be admitted as Pupil Nurses in this Hospital.

2. They shall be lodged and boarded in the Hospital, but shall receive no salary.

3. They shall be on day duty from 8 A. M. to 7 P. M.

4. They shall be on night duty from 7 P. M. to 8 A. M.

5. Day Nurses shall be in their rooms at 10 P. M. Night Nurses shall be in their rooms at 10.30 A. M., unless special permission to the contrary has been granted by the Chief Nurse.

6. Pupil Nurses shall attend the regular classes and lectures, unless hospital duties prevent or leave of absence has been granted by the Chief Nurse.

7. They shall wear the regular uniform of the school to which they belong, and if not connected with any school they shall wear the uniform prescribed by this Hospital.

8. They shall not loiter in the wards or main halls of the Hospital when not on duty.

9. They shall be responsible for the condition of their rooms.

CHAPTER XXIII.

Ward Servants.

1. They shall reside in the Hospital.

2. They shall be under the supervision of the Chief Nurse in regard to their hours of service and the performance of their work.

3. They shall be in their rooms at 10 P. M.

CHAPTER XXIV.

Matron.

1. The Matron shall have charge of the general storeroom. She shall issue all supplies to the kitchen and shall keep a record of the same in the book provided for the purpose. She shall notify the Director when supplies are needed.

2. She shall sign the proper vouchers that all goods are received in the storeroom from the Chief Clerk.

3. She shall have charge of the linen of the Hospital and shall keep a record of the same.

4. She shall be responsible for the cleanliness of the Hospital with the exception of the wards, the outdoor department, the operating-room and the nurses' apartments.

5. She shall arrange and supervise the work of the servants.

CHAPTER XXV.

Servants.

1. They shall be under the supervision of the Matron in regard to their hours of service and the performance of their work.

2. They shall be in their rooms at 10 p. m.

CHAPTER XXVI.

Special Medical Department.

Orthopædic Surgery,	Embryology,
Neurology,	Pathology,
Ophthalmology,	Bacteriology.
Dermatology,	

1. The Heads of these Departments shall either see in consultation or take charge of such cases as the Director may request.

2. They shall provide the House Physician with a written report of their examination of such cases. Published record of such cases shall first appear in the Hospital reports.

3. They shall forward to the Curator of the Museum all specimens and photographs of cases.

4. They shall give clinical instruction to the staff and pupils upon the cases referred to them.

CHAPTER XXVII.

The Admission of Patients.

Out-door Service.

1. Patients shall apply in person at the main Hospital daily from 2 to 4 P. M. They shall be examined and shall receive a card of admission to this service.

2. Patients shall send their card to the Hospital or to one of the Sub-stations whenever labor begins.

3. Patients shall send a specimen of urine to the Hospital at regular intervals, as ordered by the House Physician.

4. Emergency cases may be admitted to the service whenever the number of patients to whom cards of admission have been issued is not too great to prevent.

In-door Service.

1. Patients shall apply in person at the main Hospital daily from 2 to 4 P. M. They shall be examined and shall receive a card of application which shall entitle them to admission to the hospital wards during the last two weeks of pregnancy.

2. Patients shall present their card at the main Hospital whenever labor begins or on the date specified by the card.

3. Patients in whom any complication of pregnancy occurs and pregnant women who are destitute or homeless may be admitted at any period of their pregnancy.

4. There shall be posted in the office daily the number of vacant beds for the information of the House Physician.

5. Any Attending Physician not on duty may send to the Hospital suitable patients, provided that not more than one bed is thus occupied at any one time.

CHAPTER XXVIII.

House Rules.

1. Patients may not enter any part of the Hospital other than the ward floors without the permission of the Chief Nurse or House Physician.

2. Patients may not leave the Hospital premises without permission of the House Physician.

3. Patients may not receive from any source articles of food or drink, except by permission of the House Physician.

4. Patients must surrender to the Nurse any articles of value they may have, and the Nurse in turn shall deliver them to the Chief Clerk for safe keeping. The Nurse shall record these in the proper book and have this countersigned by the Chief Clerk.

5. Patients may receive visitors only in the reception-room of the out-door department.

6. Patients whose condition warrants may see their friends in the wards at the discretion of the House Physician.

CHARTER OF THE SOCIETY OF THE LYING-IN HOSPITAL.

AN ACT to incorporate the Society of the Lying-in Hospital of the City of New York.

Passed March 1, 1799, chapter xxiii., Laws of 1799.

WHEREAS, THOMAS PEARSALL, JOHN CHRISTOPHER KUNZE, ROBERT LENOX, CORNELIUS RAY, ARCHIBALD GRACIE, JOHN STARK ROBERTSON, HENRY REMSEN, WILLIAM HOUSTOUN, ANDREW HAMERSLEY, JOHN CHARLTON, DAVID M. CLARKSON, WILLIAM JAUNCEY, J. C. VANDEN HEUVEL and others, influenced by principles of benevolence and charity, associated as an institution under the style of The Society of the Lying-in Hospital of the City of New York, for the useful purpose of establishing an asylum for the reception of women in a state of pregnancy who are unable to procure the necessary medical assistance and nursing during the period of their confinement in child-bed, by their petition presented to the Legislature, have prayed to be incorporated, the better to enable them to carry into effect the salutary object of their institution; therefore,

Be it enacted by the People of the State of New York, represented in Senate and Assembly, That all such persons as now are, or hereafter shall be, members of the said institution, shall be and hereby are ordained, constituted and declared forever a body corporate and politic, in fact and in name, by the name of "The Society of the Lying-in Hospital of the City of New York," and by that name they and their successors shall and may have continuous succession, and shall be persons in law capable of suing and being sued, pleading and being impleaded, answering and being answered unto, defending and being defended, in all courts and places whatsoever, in all manner of actions, suits, complaints, matters and cases whatsoever; and that they and their successors may have

a common seal, and may change and alter the same at their pleasure ; and also that they and their successors, by the name of "The Society of the Lying-in Hospital of the City of New York," shall be in law capable of purchasing, receiving, holding and conveying any estate, real or personal, for the use of the said corporation. Provided that the lands, tenements and hereditaments, which it shall be lawful for the said corporation to hold, shall be only such as shall be requisite for the purpose of erecting a public building, and such houses or other buildings as may be suitable and necessary to the nature of the said institution, or such as shall have been *bona fide* mortgaged to it by the way of security, or conveyed to it in satisfaction of debts previously contracted in the course of its business or purchased at sales on judgment, which shall have been obtained for such debts ; and with regard to all such lands, tenements and hereditaments so to be held by the said corporation as aforesaid, except such as may be for its immediate accommodation as aforesaid, or such as it may hold by way of mortgage and whereof the actual possession shall be and remain in the mortgagors, their heirs or assigns, the said corporation shall be bound to sell and dispose of the same respectively within five years after it shall acquire the same, and shall not be capable of holding the same after the expiration of the said five years.

And be it further enacted, that all persons who now are members of the said institution, or shall at any time hereafter subscribe to the same, shall be deemed and taken for members of this corporation, and that the property and concerns of the said corporation shall be mangaged and conducted by thirteen governors, to be chosen by ballot, by and from the said subscribers ; that the following persons (that is to say), Thomas Pearsall, John Christopher Kunze, Robert Lenox, Cornelius Ray, Archibald Gracie, John Stark Robertson, Henry Remsen, William Houstoun, Andrew Hamersley, John Charlton, David M. Clarkson, William Jauncey, J. C. Vanden Heuvel, shall be the present governors of the said corporation and shall continue in office until the second Wednesday in

April, in the year one thousand eight hundred, when a new election shall be made at the hour and place to be appointed by the said governors; that the election for governors after the year one thousand eight hundred shall be held annually on the second Wednesday in April, at such place and hour as the majority of the governors for the time being shall appoint, of which election public notice shall be given by the said governors for the space of one week, in two of the daily newspapers printed in the said city; that if any vacancy shall happen among the said governors (so elected) by death, resignation or removal, such vacancy shall be filled by a special election for the purpose, to be held in the same manner as the annual elections are made, and at such time and place as shall be provided for by the by-laws of the said corporation, and in case it should happen that an election of governors should not be held on any day, when pursuant to this act it ought to have been made, the Corporation shall not for that cause be deemed to be dissolved; but it shall and may be lawful, on any other day, to hold an election of governors in such manner as the by-laws of the said corporation shall prescribe.

And be it further enacted, that the governors shall not take or receive any compensation for their services; and for the time being shall have power to make and prescribe such by-laws, rules and regulations as to them shall appear needful and proper, touching the management and disposition of the stock, property, estate and effects of the said corporation, and touching the duties and conduct of the officers of the said corporation, and touching all other matters as appertain to the business ends and purposes for which the said corporation is by this act instituted; and shall also have power to appoint an apothecary, house-pupils, matron, steward, nurses and servants for carrying on the business of the said institution.

Provided, that for the appropriation or disposal of any of the capital stock, a number not less than seven shall constitute a quorum, of which number the president, or in his ab-

sence the vice-president of the board, to be appointed in virtue of this act shall be one.

Provided also, that such by-laws, rules and regulations shall not be repugnant to the constitution and laws of the United States, or of this state.

And be it further enacted, that the governors at their first meeting, and also at their first meeting in every year next after the said annual election on the second Wednesday in April, shall elect by ballot from their number a president, vice-president, treasurer and a secretary, and that the officers thus elected shall immediately enter upon their respective offices, and hold the same until the next election of governors, and it shall be the duty of the president or vice-president to preside at all meetings of the governors.

And be it further enacted, that the governors shall propose at one meeting and elect by ballot at the next a number of physicians, not exceeding four, to attend the said hospital, and to render all necessary medical aid to the persons admitted to the benefit of this institution, and that the said physicians remain in office until the next election for governors, after which time they are to be annually elected.

And be it further enacted, that this act shall be and hereby is declared a public act, and shall be construed in all courts and places benignly and favorably for every beneficial purpose herein intended.

GOVERNORS AND OFFICERS

—OF THE—

SOCIETY OF THE LYING-IN HOSPITAL,

From its Organization, 1799.

GOVERNORS.

Elected.		Retired.
1799	Robert Lenox	1835.
1799	Cornelius Ray	1824.
1799	Archibald Gracie	1824.
1799	Henry Remsen	1835.
1799	John Thompson	1799.
1799	John Stark Robertson	1800.
1799	Robert Bowne	1799.
1799	Matthew Clarkson	1822.
1799	Thomas Pearsall	1807.
1799	Rev. John Christopher Kunze	1807.
1799	William Houstoun	1811.
1799	Andrew Hamersley	Dead.
1799	William Bayard	"
1799	John Charlton	"
1799	David M. Clarkson	1814.
1799	Wiliiam Jauncey	Dead.
1799	J. C. Vanden Heuvel	"
1802	Frederick De Peyster	1829.
18—	Dr. George Anthon	1821.
18—	Dr. David Hosack	1835.
18—	Andrew Morris	1816.
18—	Rev. Abraham Beach, D. D.	1813.
18—	Charles L. Cammann	1806.
18—	Jacob Le Roy	1807.

Elected.		Retired.
1808	Thomas C. Pearsall	1813.
1808	De Witt Clinton	1816.
1813	Peter P. Goelet	1824.
1813	Charles Wilkes	1832.
1813	Peter Augustus Jay	1822.
1813	Jacob Sherred	Dead.
1821	John Hone	1832.
1821	Lynde Catlin	1832.
1821	Charles McEvers	1835.
1821	Abijah Hammond	1822.
1822	Nathaniel Prime	1835.
1822	John Watts	1830.
1829	William Bard	1837.
1829	James Pendleton, M. D.	1832.
1829	Philip Hone	1847.
1831	Elisha Tibbits	1835.
1831	John S. Crary	1835.
1831	Dennis McCarthy	1835.
1834	George Jones	1835.
1834	Robert Ray	1879.
1834	Lewis C. Hamersley	1835.
1834	Isaac S. Hone	1835.
1845	Benjamin F. Butler	1858.
1845	William F. Mott	1866.
1845	Alexander E. Hosack, M. D.	1869.
1845	Thomas W. Ludlow	1847.
1845	Joseph B. Collins	1867.
1845	Theodore Sedgwick	1855.
1845	James G. King	1847.
1845	Robert B. Minturn, Sr.	1866.
1845	William Birdsall	1855.
1845	Joshua S. Underhill	1857.
1845	John Jay	1846.
1846	George Wilkes	1847.
1854	George T. Trimble	1872.
1854	Apollos R. Wetmore	1881.
1854	Thomas B. Stillman	1866.

Elected.		Retired.
1854	Benjamin R. Winthrop	1879.
1854	Stewart Brown	1880.
1861	Jacob Harsen	1862.
1861	Benjamin D. Silliman	1890.
1861	John C. Green	1875.
1863	Andrew Warner	1892.
1866	James Lenox	1880.
1866	William H. Aspinwall	1869.
1866	Robert B. Minturn	1880.
1868	Robert Lenox Kennedy	1887.
1868	Joseph W. Patterson	1881.
1869	Egerton Leigh Winthrop	
1873	Legrand B. Cannon	1874.
1874	Albert M. Patterson	1892.
1879	George G. Williams	
1880	Frederic Bronson	
1880	Charles E. Tracy	1896.
1880	Robert Lenox Belknap	1896.
1880	John A. Weekes	1894.
1881	William A. Duer	
1882	Robert Ray Hamilton	1890.
1888	Henry V. R. Kennedy	1891.
1890	Frederic W. Stevens	1892.
1890	Edmund L. Baylies	
1891	William T. Lawrence	1892.
1892	Egerton L. Winthrop, Jr.	
1892	Frederic Delano Weekes	
1893	Henry A. C. Taylor	
1893	George B. McClellan	1895.
1894	Francis S. Bangs	
1895	Edward W. Lambert, M. D.	
1895	Thomas Newbold	
1896	William Greenough	

Presidents.

Elected.		Retired.
1799	Thomas Pearsall	1807.
1808	Cornelius Ray	1826.
1829	Robert Lenox	1835.
1845	William Bard	1854.
1854	Benjamin F. Butler	1858.
1861	George T. Trimble	1872.
1872	Robert Ray	1879.
1880	Apollos R. Wetmore	1881.
1881	Benjamin D. Silliman	1890.
1891	Edgerton L. Winthrop	1892.
1892	John A. Weekes	1894.
1894	William A. Duer	

Vice-Presidents.

Elected.		Retired.
1799	Rev. John Christopher Kunze	1807.
1808	Samuel Osgood	1812.
1813	Dr. George Anton	1821.
1821	Robert Lenox	1829.
1829	Henry Remsen	1831.
1854	Theodore Sedgwick	1855.
1861	Robert B. Minturn, Sr.	1866.
1866	Robert Ray	1872.
1872	James Lenox	1879.
1879	Apollos R. Wetmore	1880.
1880	Benjamin D. Silliman	1881.
1881	Robert Lenox Kennedy	1887.
1887	Edgerton L. Winthrop	1891.
1891	John A. Weekes	1892.
1892	William A. Duer	1894.
1894	George G. Williams	

Treasurers.

Elected.		Retired.
1802	Frederick De Peyster	1829.
1829	Charles Wilkes	1833.
1833	William Bard	1845.
1845	Joseph B. Collins	1862.

Elected.		Retired.
1862	Benjamin R. Winthrop	1872.
1872	Joseph W. Patterson	1881.
1882	Andrew Warner	1892.
1892	Robert L. Belknap	1896.
1896	Francis S. Bangs	

SECRETARIES.

Elected.		Retired.
1799	William Houstoun	1811.
1813	Peter Augustus Jay	1822.
1822	Lynde Catlin	1829.
1829	William Bard	1833.
1833	John S. Crary	1845.
1845	Alexander E. Hosack, M. D.	1854.
1854	Joshua S. Underhill	1857.
1858	Benjamin R. Winthrop	1863.
1863	Andrew Warner	1892.
1892	Robert L. Belknap	1893.
1893	F. Delano Weekes	

PHYSICIANS.

Elected.		Retired.
1799	David Hosack	1822
1799	John R. B. Rodgers	1809
1799	William Moore	1822.
1799	Wright Post	1822.
1805	Andrew Hamersley	1813.
1805	Samuel L. Mitchell	1807.
1808	Edward Miller	1811.
1813	Richard S. Kissam	Dead.
1823	John W. Francis	"
1829	James Pendleton	"
1829	Alexander E. Hosack	1845.
1829	George Wilkes	1845.
1832	Fayette Cooper	Dead.
1892	James W. Markoe	
1892	Samuel W. Lambert	
1892	H. McM. Painter	
1892	J. Clifton Edgar	
1892	Austin Flint, Jr.	

MEMBERS OF THE SOCIETY,

With the Dates of their Election.

A.

Name.	When Elected.
Dr. George Anthon*	1821
William H. Aspinwall*	1866
Edgar S. Auchincloss*	1880
James W. Alexander	1893
John Jacob Astor	1894
William Waldorf Astor	1894
Alexander McL. Agnew*	1878

B.

Robert Bowne*	1799
William Bayard*	1799
Rev. Abraham Beach, D. D.*	
William Bard*	1829
Benjamin F. Butler,*	1845
William Birdsall*	1845
Stewart Brown*	1854
Frederic Bronson	1880
Robert Lenox Belknap*	1880
Robert Lenox Belknap, Jr.	1881
Waldron Phœnix Belknap	1881
Edmund L. Baylies	1890
James William Beekman	1892
William Allen Butler, Jr.	1892
Francis S. Bangs	1892
Robert Lenox Banks	1893
William H. Brown*	1866

C.

Matthew Clarkson*	1779
John Charlton*	1799
David M. Clarkson*	1799
Charles L. Cammann*	
DeWitt Clinton*	1808

Name.	When Elected.
Lynde Catlin*	1821
John S. Crary*	1831
Joseph B. Collins*	1845
Legrand B. Cannon	1873
N. W. Stuyvesant Catlin	1879
Romulus R. Colgate	1896
J. Winthrop Chanler*	1877
H. Le Grand Cannon*	1893
D.	
Henry Dudley	1873
Frederick de Peyster*	1802
William A. Duer	1880
Francis O. De Luze	1892
F.	
Geo. W. Folsom	1873
Geo. R. Fearing	1892
G.	
Archibald Gracie*	1799
Peter P. Goelet*	1813
John C. Green*	1861
James King Gracie	1879
Wm. Greenough	1880
George Griswold*	1866
H.	
William Houstoun*	1799
Andrew Hamersley*	1799
David Hosack, M. D.*	
John Hone*	1821
Abijah Hammond*	1821
Philip Hone*	1829
Lewis C. Hammersley*	1834
Isaac S. Hone*	1834
Alexander E. Hosack, M. D.*	1845
Jacob Harsen*	1861
Robert Ray Hamilton*	1882

I.

Name.	When Elected.
Adrian Iselin, Jr.	1893

J.

William Jauncey*	1799
Peter Augustus Jay*	1813
George Jones*	1834
John Jay*	1845

K.

Rev. John Christopher Kunze*	1799
James G. King*	1845
Robert Lenox Kennedy*	1868
H. Van Rensselaer Kennedy	1888
A. Gracie King	1879
Frederick Gore King	1879
Frank B. Keech	1896

L.

Robert Lenox*	1799
Thomas W. Ludlow*	1845
James Lenox*	1866
Jacob Leroy*	
William T. Lawrence*	1891
Lewis Cass Ledyard	1892
Edward W. Lambert, M. D.	1895
James G. K. Lawrence*	1892
P. Van Zandt Lane*	1888

M.

Andrew Morris*	
Charles McEvers*	1821
Dennis McCarthy*	1831
William F. Mott*	1845
Robert B. Minturn*	1845
Robert B. Minturn, Jr.*	1866
Geo. B. McClellan	1893
Charles H. Marshall	1873

Name.	When Elected.
J. Pierpont Morgan	1894
Alexander Maitland	1877
Wm. Bard McVickar	1887
John W. Minturn*	1866
George Henry Moore*	1873
Dr. William S. Mayo*	1877
George E. Moore, M. D.*	1878
N.	
Adam Norrie	1873
Gordon Norrie	1877
Thomas Newbold	1893
John McL. Nash	1892
William H. Neilson*	1866
O.	
Oswald Ottendorfer	1894
P.	
Thomas Pearsall*	1799
Thomas C. Pearsall*	1808
Nathaniel Prime*	1822
James Pendleton, M. D.*	1829
Joseph W. Patterson*	1868
Albert M. Patterson*	1874
Trenor L. Park	1896
R.	
Cornelius Ray*	1799
Henry Remsen*	1799
John Stark Robertson*	1799
Robert Ray*	1834
James R. Roosevelt	1892
S.	
Jacob Sherred*	1813
Theodore Sedgwick*	1845
Thomas B. Stillman*	1854
Benjamin D. Silliman	1861

Name.	When Elected.
Frederic W. Stevens	1890
Philip J. Sands	1892
W. Watts Sherman	1892
F. Augustus Schermerhorn	1894
Jacob H. Schiff	1895
Oliver S. Strong*	1866
T.	
John Thompson*	1799
Elisha Tibbitts*	1835
George T. Trimble*	1854
Charles E. Tracy*	1880
Henry A. C. Taylor	1892
U.	
Joshua S. Underhill*	1845
V.	
J. C. Vanden Heuvel*	1799
Cornelius Vanderbilt	1894
W.	
Charles Wilkes*	1813
John Watts*	1822
George Wilkes*	1846
Benjamin R. Winthrop*	1854
Apollos R. Wetmore*	1854
Egerton L. Winthrop	1869
Andrew Warner	1863
George G. Williams	1874
John A. Weekes	1880
Egerton L. Winthrop, Jr.	1887
Frederic Bronson Winthrop	1887
F. Delano Weekes	1888
George Peabody Wetmore	1892
Miss Grace Wilkes	1894
Mrs. Anna Woerishoffer	1894
Robert Dudley Winthrop	1895



MAIN OFFICE.



EXAMINING ROOMS.



NURSES' LABORATORY.



PATIENTS' BATH ROOM.



STAFF DINING ROOM.



LIBRARY AND MEDICAL BOARD ROOM.



STUDENTS' HISTORY ROOM.



WARD D.



OPERATING ROOM.



STERILIZING ROOM.



SURGEONS' ROOM.



STUDENTS' DORMITORY.



SUB-STATION, No. 314 BROOME STREET.

The beneficial object of the Society of the Lying-in Hospital is the relief and care, free of charge, of destitute women unable to procure necessary medical assistance and nursing during the period of their confinement.

Five Thousand Dollars endows a bed in perpetuity.

Three Thousand Dollars endows a bed during one life.

Two Hundred and Fifty Dollars endows a bed during one year.

FORM OF BEQUEST.

I give and bequeath to the SOCIETY OF THE LYING-IN HOSPITAL OF THE CITY OF NEW YORK, incorporated by the Legislature of the State of New York in the year 1799, the sum of ..... Dollars, to be applied to the use and benefit of the said Society, under the direction of the Governors thereof.

THE SOCIETY

OF THE

LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

ANNUAL REPORT.

NINETY-NINTH YEAR.

FROM OCTOBER 1ST, 1896, TO SEPTEMBER 30TH, 1897.

1897.

PRINTED BY ORDER OF THE BOARD OF GOVERNORS.



VIEW OF PRESENT HOSPITAL FROM SOUTHEAST.

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SOCIETY OF THE LYING-IN HOSPITAL

OF THE CITY OF NEW YORK.

OFFICERS.

President . . . William A. Duer, No. 115 Broadway.
Vice-President . George G. Williams, Chemical Nat'l Bank.
Treasurer . . . Frederic Bronson, No. 74 Wall St.
Secretary . . F. Delano Weekes, No. 58 Wall St.

BOARD OF GOVERNORS.

Egerton L. Winthrop,
Frederic Bronson,
William A. Duer,
Edmund L. Baylies,
Egerton L. Winthrop, Jr.,
Thomas Newbold,
George G. Williams,
William Greenough,
F. Delano Weekes,
Henry A. C. Taylor,
Francis S. Bangs,
Edward W. Lambert, M. D.,
W. Pierson Hamilton.

COMMITTEES.

Executive.

William A. Duer, *Chairman.*

Edmund L. Baylies, Frederic Bronson,
Edward W. Lambert, M. D., F. Delano Weekes, *Secretary.*

Nominating.

William Greenough, W. Pierson Hamilton,
Egerton L. Winthrop, Jr.

Finance.

George G. Williams, Henry A. C. Taylor,
Francis S. Bangs.

MEDICAL BOARD.

Consulting Physicians.

Edward W. Lambert, M. D. — Thos. M. Markoe, M. D.
Wm. M. Polk, M. D. — Wm. T. Lusk, M. D.*

Attending Physicians.

James W. Markoe, M. D. — Sam'l W. Lambert, M. D.
H. McM. Painter, M. D. — J. Clifton Edgar, M. D.
Austin Flint, Jr., M. D.

Officers of the Medical Board.

President . . . . Edward W. Lambert, M. D.
Registrar . . . J. Clifton Edgar, M. D.
Curator . . . . James W. Markoe, M. D.
Librarian . . . Sam'l W. Lambert, M. D.

Miss Helen F. Nugent,
Recording Secretary of the Medical Board.

* Died June 12, 1897.

ASSISTANT ATTENDING PHYSICIANS,

Asa B. Davis, M. D. — Churchill Carmalt, M. D.
Geo. R. White, M. D. — R. C. James, M. D.
W. E. Studdiford, M. D.

HOUSE STAFF.

House Physician.

William H. Spiller, M. D.

Assistant Resident Physicians.

Charles Goodman, M. D. — A. C. Johnson, M. D.
Herbert Old, M. D. — Eugene S. Robins, M. D.
Edward R. Moloney, M. D. — Frederick Rustin, M. D.
Sewell Matheson, M. D.



HOUSE STAFF,
1897.

SPECIAL MEDICAL DEPARTMENT.

Orthopoedic Surgeon . . .	T. Halsted Myers, M. D.
Neurologist	C. A. Herter, M. D.
Ophthalmologist	J. L. Adams, M. D.
Dermatologist	James Johnston, M. D.
Embryologist	Geo. S. Huntington, M. D.
Pathologist	Farquhar Ferguson, M. D.
Bacteriologist	Martha Wollstein, M. D.
Assistant Registrar . . .	Asa B. Davis, M. D.
Assistant Curator	Martha Wollstein, M. D.

Chief Nurse.

Miss Alice M. Pringle.

Chief Clerk.

Charles Ford.

Registrar's Clerk.

Miss Helen F. Nugent.

HOSPITAL.

Second avenue and Seventeenth street.

SUB-STATION.

No. 314 Broome street.

DIET KITCHEN.

No. 314 Broome street.



PATHOLOGICAL DEPARTMENT.

REPORT

OF THE

Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

The past year has proved a most important one in the history of the Society.

During the winter the Board of Governors and Medical Board were informed by J. Pierpont Morgan, Esq., of his willingness to erect for the Society a suitable hospital building, perfectly constructed according to plans that had been under consideration for some time past, and adopted after careful examination of the principal hospitals in this country and Europe, provided sufficient income could be obtained to conduct it without incurring any debt. Mr. Morgan's most noble offer was accepted by the Board and the report of the Committee, found elsewhere, states the amount necessary to run the building in a limited way to begin with and gradually open the different wards as means permit.

The requirements of many hospitals in this city have obliged them in recent years to greatly enlarge their quarters, and the construction of a comprehensively planned building, therefore, and one that will meet the needs of at least twenty-five or more years is most important for this Society.

The Society of the Lying-in Hospital is not only a hospital, but a school of obstetrics, and the plans, as adopted, show the space required for its dormitories, laboratories, lecture and study rooms.

The erection in this city of such a building, continuing the present admirable system of our out-door and in-patient depart-

ments on a greatly enlarged scale, would certainly enable the Medical Board to perform a work of relief that can hardly be estimated.

Attention is directed to a picture of the proposed building, with a brief description and the plans of the different floors.

During the past twelve months *three thousand six hundred and ninety-five* applicants have applied at our hospital and substation for treatment and *two thousand seven hundred and ninety-two* attended in confinement throughout the wretched tenement districts and in the hospital wards.

The number of births in this city for the year ending October 1, 1897, was fifty-four thousand six hundred and ninety-two, and out of that number, therefore, more than 5 per cent. became a charge upon this Society. Thirty thousand one hundred and fifty-two were reported by physicians and *twenty-four thousand five hundred and forty by midwives.* Such cases as are removed to the Hospital are only those that are urgent and largely consist of unfortunates who are brought to us in ambulances summoned by the police. The number is necessarily restricted, owing to lack of means at present to carry on a larger ward work.

It has been stated, since the intent of Mr. Morgan's most liberal gift has become known, that a maternity hospital such as is contemplated for the Society of the Lying-in Hospital is not needed in this city, and that the construction of an additional building, containing five wards, of fifty beds each, is unnecessary, owing to the belief that sufficient accommodation is already provided for the care and treatment of all maternity cases.

It may not be generally known that the Sloane Maternity Hospital, the Emergency Hospital, Maternity Hospital, the Eighty-sixth Street Hospital, the Nursery and Child's Hospital, the Infant Asylum, the Marion Street Maternity Hospital, the Foundling Asylum, the Mothers' and Babies' Hospital, the Women's Infirmary, the Homeopathic Hospital, the Hahnemann Hospital and the Society of the Lying-in Hospital, thirteen in all, are the only institutions in this city where cases of childbirth are received, and have for this purpose a capacity of less than six

hundred beds all told, only one hundred and twenty-three of which are used to educate the student, while Paris gives nearly eight times that number for that alone.

The Society of the Lying-in Hospital has another object besides a purely charitable one. It strives to provide a systematic course of instruction in obstetrics, and gives to the college graduate in medicine a thorough knowledge of a most important branch in his profession before he enters upon practice.

Unless, therefore, the magnificent building so generously offered to the Society is erected, six hundred beds must be deemed sufficient to receive and treat our destitute poor, even when the statistics of our Board of Health show annually that nearly half the birth returns in this city are made by ignorant midwives, while to the medical student in this great centre of learning practical instruction must be restricted to the two institutions who can only receive at present one hundred and twenty-three patients, and who offer in consequence but limited facilities to those eager to acquire obstetrical practice and practical information.

There are few buildings constructed only for the purpose of maternity hospitals, and one of the capacity of the proposed building for our Society is urgently needed and would soon prove its usefulness. An accommodation of two hundred and fifty beds is none too large and would enable the Society to maintain convalescent wards, the necessity of which is very apparent to medical men interested in hospital work. Many patients are discharged before they are strong enough to return to their own homes, and in many cases of childbirth especially the patient should be carefully treated for a considerable length of time before again undertaking the support and care of her family.

The capacity of our present hospital is twenty-eight beds; but as the Society, owing lack of means, can only receive a limited number of patients, one of the lower unused wards, containing five beds, has been fitted up as a dormitory for the use of graduates in medicine, and has been availed of by many who took that course. The Society can now only train ten nurses at

any one time, and accommodate twenty-five students and graduates. Enlarged quarters for our educational departments are urgently needed. With an increased income and increased facilities, the corresponding increase in the amount of work that could be accomplished would become at once apparent.

The object of the Society, as expressed in its first subscription paper circulated in this city a century ago, is the relief and care, free of charge, of destitute women unable to procure necessary medical assistance during childbirth.

The Society, therefore, has only treated those who could pay nothing, and the most careful inquiries are always made and record kept, 1st, as to the rent the patient pays per month ; 2d, the husband's wages per week ; 3d, the husband's occupation ; 4th, if he is employed at present ; 5th, if he is unemployed, for how long, and also as regards the character of the tenement, whether front or yard house, the floor occupied and the number of living children.

The records of eight hundred and thirty-four cases show that about six per cent. of applicants lived in the rear tenements ; twenty-four per cent. occupied the top floors and seventy per cent. the lower floors. In the past quarter the average rent paid per month was $8, the average wages per week of husband was $7 ; the husbands of three hundred and seventy-seven were employed and those of two hundred and thirty-five out of six hundred and twelve women questioned in regard to this point were unemployed. Extended statistical tables concerning these facts and others of equal interest are published elsewhere in this report.

Certainly these facts are valuable in answering those who claim that many of the Society's patients can employ and pay medical men in their illness, and gives to our Medical Board also abundant opportunity, not only to verify the statements of those whom they visit and treat in their own homes ; but to know exactly why they are absolutely unable to employ or pay for treatment elsewhere.

In the new hospital building, however, the Medical Board may deem it expedient to provide and set apart a certain accom-

modation for those desirous of hospital treatment and able to pay for it, and the Society can, therefore, derive an increased income from this department to its greater advantage in applying the proceeds to the support of additional sub-stations and an enlarged charitable work.

It must be remembered that the Society's out-door patients are carefully watched and treated for a period sometimes of several weeks after childbirth, and the same patient, if attended by a midwife, would be charged the usual fee and would not be visited again.

The cases that are brought to the hospital building often includes those unfortunates who, after first being treated by a midwife, have suffered from neglect and lack of care. This has become such an evil in this city, and so notorious is the ignorance and incompetence of most midwives, that the Board of Health has been recommended to adopt stringent regulations to prevent the practice of midwifery, or restrict it only to those who have taken a medical degree and have passed an examination satisfactory to the Board of Health as to their ability.

The number of visits made by the Hospital during the past year throughout the wretched tenement districts was *thirty-five thousand seven hundred and sixty*, and four hundred and eight women were treated at the hospital building.

The work of the Diet Kitchen has continued to the great benefit of the helpless mother, and during the year four hundred and forty-one families have been relieved with food, coal and clothing. This is a most important branch of the Society's work, as during the severly cold weather many cases of actual destitution have been prevented and provision accordingly made for the family.

The treasurer of the Society has again received a most liberal contribution of $10,000 toward the reduction of the mortgage indebtedness upon the Hospital property, and as this debt decreases, owing to the liberality of the benefactor who has for the third time testified his great interest in the Society's work, and with the payment made during the year on the Society's note,

originally given for $60,000, and now reduced to $35,000, there is an encouraging decrease in the annual interest charge and a correspondingly larger sum to be expended by the Society in its work.

During the past year the Medical Board have instructed three hundred and seven students. Elsewhere will be found printed an extract from their recent report, showing the thoroughness and attention that is given to this most important branch of the Society's work.

Nurses are received and instructed from New York and St. Vincent's Hospitals, of this city, St. Joseph's, of Yonkers, and St. Mary's, of Brooklyn, and the Society keeps a careful record of their names and addresses to refer them to constant inquirers.

During the year the Society has greatly benefited owing to the organization of a sewing class, consisting of ladies residing in this city whose names are printed elsewhere. The greatest energy was displayed during the winter months and one thousand nine hundred and thirty-one garments were finished and sent to the Hospital. These have been distributed among the Society's patients, and the work accomplished has proved of the greatest benefit.

From this sewing class a Ladies' Auxiliary Committee has been formed to perform work in connection with the out-patient department of the Hospital. Details of this work are given in another part of the report.

The Board of Governors feel that great good will result from the formation of this Committee, and believe that it will contribute largely in the work of assistance to the many cases of distress among their tenement patients.

The treasurer's accounts, elsewhere, show $15,875 received in donations to reduce the debt, and $1,040 in annual subscriptions, a most gratifying proof of the generous interest taken in the Hospital's good work. The cost of conducting the Hospital and sub-station for the past year, less interest charges and the printing of reports, was $27,843.50, making the cost per capita of each patient only about $9.97.

The Society may be congratulated on the work accomplished during the past year and the record established in the numbers of those it has successfully treated and cared for. The members of the Medical Board have again proved their thorough efficiency in the relief and charge of the many applicants for medical aid and assistance, giving their time and professional skill for their benefit, and most faithfully and conscientiously performing their arduous and exacting duties in the Hospital and throughout the tenement districts.

The Board of Governors sympathize most deeply with the Medical Board in the great loss recently sustained by the death of Dr. William T. Lusk, for some years one of the Consulting Physicians of the Hospital and a man of the most distinguished ability and attainments.

The services he rendered the Society as one of the greatest authorities on obstetrics in this country, with his timely advice and interest, will always be gratefully remembered.

Respectfully submitted,

On behalf of Board of Governors.

New York, September 30, 1897.

REPORT OF THE MEDICAL BOARD.

To the Board of Governors of the Society of the Lying-in Hospital :

Gentlemen—The Medical Board desires to lay before your Board certain facts concerning the present condition and the future plans of the Hospital.

The number of patients treated during the past year is an increase of twenty-four over the number treated during the previous year.

Certain social statistics regarding the patients of the Hospital now being collected in every case are submitted for the first time by your Secretary in his present report. These figures are of special interest as they go still further to demonstrate the need of some agency to do the work with which this Hospital is occupied. Even if the other lying-in institutions of the City were able to accommodate the poor of the East side in their wards, still they would be unable to avail themselves of their aid. If a family can lay aside a small amount of money, it is possible for the mother to go to a hospital for her confinement, while the same amount of money would not procure her adequate medical attendance at home. A brief study of the figures referred to will show that the families attended at their homes by this Hospital can never prepare themselves in any degree for the additional expense of a confinement. The necessity of providing them with proper medical attendance in their own homes is therefore obvious.

Moreover a careful study of the character of the cases, both socially and medically, which are brought to the wards of the Hospital proves conclusively the justice of their claims upon our aid. We are constantly embarrassed for lack of room in caring for this class of patients. It has been necessary at different times during the past year to turn away many applicants, because our

beds were filled. The Medical Board therefore feels constrained to urge your Board to every possible endeavor to provide the additional room contemplated in the new building.

The Medical Board wishes also again to remind the Board of Governors of the value of the educational work of the Hospital. In this field this Hospital is a pioneer in this City, and of the other twelve lying-in hospitals of New York only one offers similar facilities to all comers. Your Society is conducting primarily a school of obstetrics, and a brief inspection of the lists of graduate and under-graduate pupils will show the widely extended influence which your school is exerting. Three hundred and seven pupils from thirty-two different medical schools were instructed during the year. These men will carry to their scattered homes an idea of modern aseptic midwifery which could not be gained from any text-book or theoretical lecture. The Medical Report recently published by this Board gives a detailed account of the instruction given to the pupils of the Hospital—this is as practical as it is possible to make it.

The Medical Board have presented to you, in two previous reports, extended statements of the ideal hospital plant which would be necessary to carry on the many details of the work done by this Society.

Two years ago an opportunity was given the Medical Board to study the details necessary to a fulfillment of these ideal requirements, and to perfect, with the assistance of an architect, preliminary drawings for a possible hospital and school. These plans are now completed and are in the hands of your Secretary, who purposes publishing them in this year's annual report, with a brief description of their prominent features. It seems desirable that the Medical Board should supplement the publication of the drawings with a brief statement of the principles upon which the work has been done, and of the special objects which the plans are designed to accomplish.

Modern hospitals are of two radically different types—pavilion and block. The pavilion hospital is theoretically the more sanitary of the two. It is a comparatively easy task to arrange

in a convenient manner the various buildings for the living and the dead ; for offices and executive ; for laundry and kitchen, when a large ground space is at disposal, and each pavilion can be surrounded by grass-plots and open air spaces.

The arrangement of the same apartments in a series of superimposed stories, presents difficulties of a more complex nature. Land in New York is so expensive that all hospitals on Manhattan Island are built on the block system. A block hospital resembles a hotel more than any other building—a hotel for the entertainment and abode of a peculiar class of the community —the sick. Just as the hotels of New York have developed into tall and broad structures, so the plans for the proposed Lying-in Hospital present a ten-story structure with a frontage one city block long. The technical difficulties incident to the peculiar shape of the property owned by the Society have been overcome in a very satisfactory manner by the architect. The necessary isolation of the several parts by which mutual contamination is avoided, has been accomplished without interfering with the easy access and intercommunication so necessary for economical administration.

The hospital building which these plans call for presents a general arrangement which differs from that of most block hospitals. The wards are in the upper stories, and the dormitories for the attendants of all classes are placed in the lower floors, together with all the executive and educational departments. This arrangement secures to the wards, which are the important element, the best ventilation, the greatest quiet, the unobstructed sunlight. The ward is the hospital unit about which the rest of the building is grouped for the purpose of making the ward as efficient as possible.

The Medical Board have adopted the large ward with windows on opposite sides as the best arrangement, and the plans as finished show this arrangement as fully carried out as the shape of the site would allow. The other alternative, of small wards on a corridor, was discarded because it is more expensive to run such a hospital in the matter of time, money and attendants. The al-

leged advantage of small wards in the prevention of contagious diseases does not overbalance the disadvantages in the present state of asepsis and antisepsis.

The wards are grouped in five separate floors, each one of which is designed to form a distinct service to be attended by one of the five Attending Physicians, in continuous duty. Each floor is identical, and is arranged to represent a pavilion isolated from all the other parts of the building.

The stairs and elevators are placed in a central tower giving convenient ingress and egress to and from each ward floor, but isolated from the floor by double doors.

The ward serving-room and dining-room are connected directly with the kitchen by elevator and food lifts, but are separated from the rest of the floor by a passageway with through open air ventilation, so that contamination of the air from the food supply is impossible.

Each lavatory is separated from the ward floor proper by a vestibule with its own window, and the mortuary and puerperal fever wards are at such distance that the possibility of contagion is eliminated.

The mortuary is on the ground floor, separated from the Hospital by the open-air ambulance passageway. Entrance to this department is possible therefore only by going through the open air passage. The same statement is true concerning the septic department, which has been placed in parts of the second and third floors, occupying the southern portions of them. These rooms form a hospital within a hospital complete in all respects. A separate laundry and kitchen, a separate operating-room, and separate nurses' rooms, form a plant for the treatment of puerperal fever such as no hospital in New York possesses to-day. This department is entered by its own stairs and elevator from the ambulance passage already referred to, or by an open-air corridor on the third floor. This latter entrance is not for general use, but only for the physician in case of very urgent emergency.

The exceptions to the statement made above, concerning the

location of the wards upon the uppermost stories, are found in three tower-like structures rising above the general roof-level. One is given up to an amphitheatre for public clinics. One is devoted to scientific laboratories, and the third contains the kitchen and laundry departments. This arrangement isolates certain further sources of ward contamination, and surrounds them with the best of disinfectants—sunlight and fresh air.

The building of such a school of obstetrics as is here contemplated, will give the rising generations of medical men an opportunity to study the science and art of midwifery in a manner which is only imperfectly approached by our present facilities, and which was impossible in any degree a few years ago, except at the cost of an extended trip to the better European universities.

Respectfully submitted,

THE MEDICAL BOARD.

New York, September 30, 1897.

Number of Patients Treated from October 1, 1896, to September 30, 1897.

Out-Door Service.		In-Door Service.	
October	209	October	27
November	188	November	19
December	221	December	25
January	212	January	32
February	194	February	42
March	214	March	41
April	154	April	37
May	165	May	32
June	187	June	40
July	219	July	35
August	189	August	38
September	232	September	40
Total	2,384	Total	408

Total number for year '96-'97	2,792
" " '95-'96	2,768
Increase	24

The United Hebrew Charities.

In June, 1895, an arrangement was made with the United Hebrew Charities of New York by which this Hospital agreed to care for all cases of confinement occurring among the beneficiaries of that Society.

The work is now being done by the Hospital with satisfaction to both parties to the agreement.

A person subscribing at one time to the funds of the Society the sum of five thousand dollars shall become a Patron of the Society, and any person so subscribing the sum of five hundred dollars shall become a Benefactor of the Society.

Patrons.

J. Pierpont Morgan,
Cornelius Vanderbilt,
William Kissam Vanderbilt.

Benefactors.

Mrs. Annie Woerishoeffer,
Henry A. C. Taylor,
Oswald Ottendorfer,
George G. Williams,
Mrs. Cornelius Vanderbilt,
William Waldorf Astor,
Mrs. George Gould,
Mrs. Henry Mortimer Brooks,
James H. Jones,
Alfred Corning Clark, *
Mrs. Frederick W. Vanderbilt,
Miss Grace Wilkes,
Mrs. Robert Winthrop,
Mrs. Augustus Juilliard,
Mrs. George E. Dodge,
Mrs. Sidney Webster,
Walter S. Gurnee,
Mrs. Charles B. Alexander,
William G. Low.

*Deceased.

Free Beds.

The sum of $5,000 endows a bed in perpetuity ; $3,000 endows one for the life of the donor, and the sum of $250 entitles the donor to name patients to it for one year.

1895.

Endowed in Perpetuity.

In memory of Mrs. Robert L. Stuart,
By Mr. and Mrs. George G. Williams.

Endowed for One Year.

1895.

By Mrs. J. Hooker Hamersley.

1896.

By Mrs. Jacob H. Schiff.

By V. Everet Macy.

FORM OF CERTIFICATE.

Bed Endowed in Perpetuity.

THESE PRESENTS CERTIFY THAT

.....

HAVING CONTRIBUTED TO THE FUNDS OF THE SOCIETY OF THE

LYING-IN HOSPITAL

OF THE CITY OF NEW YORK,

INCORPORATED 1799,

BY THE GIFT OF FIVE THOUSAND DOLLARS,

the Board of Governors of said Society do hereby grant unto.....the right to nominate from time to time a patient, for treatment by the Medical Staff of said Hospital, or to occupy one bed in the common wards of said Hospital, free of charge ; subject, however, to such rules and regulations for the treatment, admission and discharge of patients as are now, or shall be hereafter, prescribed by said Board.

Such right may be exercised by the said..... and....successors in perpetuity, provided that such successor be appointed in writing by will or otherwise by..... or by each appointee in succession, and failing such appointment, such right shall cease.

IN WITNESS WHEREOF, the corporate seal of said Society is hereto affixed and the same attested by its President and Treasurer the.....day of..... A. D.....

[L. S.]

..... *President.*

..... *Treasurer.*

FORM OF CERTIFICATE.

Bed Endowed for Life of Donor, or One Year.

THESE PRESENTS CERTIFY THAT

.....

HAVING CONTRIBUTED TO THE FUNDS OF THE SOCIETY OF THE

LYING-IN HOSPITAL

OF THE CITY OF NEW YORK,

INCORPORATED 1799,

BY THE GIFT OF

..... Dollars,
the Board of Governors of said Society do hereby grant unto
.....
for the term of.....
the right to nominate from time to time a patient for treatment by the Medical Staff of said Hospital, or to occupy one bed in the common wards of said Hospital, free of charge; subject, however, to such rules and regulations for the treatment, admission and discharge of patients as are now, or shall be hereafter, prescribed by said Board.

IN WITNESS WHEREOF, the corporate seal of said Society is hereto affixed and the same attested by its President and Treasurer the.....day of.....
[L. S.] A. D.....

..... *President.*

..... *Treasurer.*

TREASURER'S REPORT.

Receipts.

October 1, 1896—Balance in U. S. Trust Company	$232 73	
Balance in National Butchers and Drovers' Bank	254 60	
		$487 33
Income from investments		13,861 50
Students' fees		6,658 90
City of New York, allowance from June 30, 1896, to September 30, 1897		15,000 00
Donations		15,875 00
Annual subscriptions		1,040 00
Receipts from Sewing Class, 1897		2,578 62
Subscriptions to membership		30 00
		$55,531 35

Payments.

Investment on account of mortgage debt	$10,000 00
Payment on account balance loan with U. S. Trust Company of $40,500, reducing it to $35,000, at 4 per cent., loan extended for six months to December 7, 1897	5,500 00
Interest on purchase-money mortgage of $110,000, including interest on loans	6,666 23
Repayment of loan, State Trust Company	1,100 00
	$23,266 23

Expenses of

Hospital and Sub-station.

Salaries—		
Medical Staff	$3,090 00	
Nurses	907 00	
Administration	2,938 96	
Servants	3,941 25	
		10,877 21
Expenses of office, Secretary and Treasurer		250 00
Laundry		464 50
Administrative printing, annual report, etc		326 50
Medical printing	$3,832 89	
Medical advertising	336 20	
Medicines	526 54	
Medical supplies	1,691 38	
Instruments	83 02	
Car-fares, Medical Staff	75 23	
		6,545 26

Certificates		$59 85
Postage		58 63
Rent of Sub-station		480 00
Telephone		256 19
Insurance		64 60
Gas		1,104 20
Fuel		508 80
Furniture		94 70
Bedding		24 00
House supplies		740 44
Repairs		1,204 00
Dry goods		170 80
Food—		
Meat	$2,739 43	
Fish	351 97	
Vegetables	451 32	
Groceries	2,173 37	
Bread	417 73	
Milk	731 00	
		6,864 82
October 1—Balance in U. S. Trust Company...	$1,417 42	
Balance in National Butchers and Drovers' Bank	753 20	
		2,170 62
		$55,531 35

E. & O. E.

NEW YORK, October 1, 1897.

FREDERIC BRONSON,
Treasurer.

SOCIETY OF THE LYING-IN HOSPITAL.

DONATIONS.

Anonymous	$10,000 00
William Waldorf Astor	1,000 00
Mrs. C. B. Alexander	500 00
John Jacob Astor	100 00
Mrs. H. D. Auchincloss	10 00
Mrs. Henry M. Brooks	500 00
Anonymous, through Edmund L. Baylies	500 00
Miss Rosie Bernheimer	100 00
Francis S. Bangs	25 00
William Allen Butler, Jr.	10 00
James Lenox Banks	10 00
Walter S. Gurnee	500 00
Elbridge T. Gerry	100 00

Mrs. Clarence M. Hyde	$100 00
William G. Low	1,000 00
Mrs. Adolph Ladenburg	25 00
Mrs. Louis Lee Stanton	70 00
William Rhinelander Stewart	10 00
Mrs. F. W. Vanderbilt	1,000 00
Mrs. Henry Rogers Winthrop	300 00
Anonymous, through F. Delano Weekes	15 00
	$15,875 00

ANNUAL SUBSCRIPTIONS.

Mrs. Lloyd Bryce	$25 00
Mrs. George Boldt	25 00
Mrs. N. E. Baylies	10 00
Mrs. James A. Burden	10 00
Miss A. E. Breese	5 00
Frederic Bronson	100 00
William A. Duer	100 00
Mrs. William A. Duer	100 00
Mrs. W. P. Draper	100 00
Anonymous, through Dr. Edgar	40 00
Mrs. Nicholas Fish	5 00
Mrs. Frederic Gallatin	50 00
Henry Hildburgh	10 00
Adrian Iselin, Jr.	50 00
Miss Annie B. Jennings	5 00
Alexander Maitland	25 00
Louis Marshall	10 00
Mrs. Douglas Robinson	5 00
Mrs. W. Watts Sherman	25 00
Jacob H. Schiff	25 00
Mrs. Victor Sorchan	20 00
Mrs. Samuel Sachs	15 00
Benjamin Tuska	10 00
Mrs. J. Kennedy Tod	5 00
Cornelius Vanderbilt	100 00
Mrs. Cornelius Vanderbilt	100 00
Hamilton Fish Webster	25 00
Mrs. Hamilton Fish Webster	10 00
Dr. George G. Wheelock	10 00
Mrs. F. S. Witherbee	10 00
Mrs. L. K. Wilmerding	5 00
Mrs. H. Walter Webb	5 00
	$1,040 00

DONATIONS, 1897.

Mrs. H. M. Dewees, No. 12 West Eighteenth street, Needlework Guild of America—1 large package of women and children's clothing.

Mrs. John K. Myers, No. 236 Warburton avenue, Yonkers, N. Y.—package of linen.

Mrs. L. L. Stanton, No. 30 West Forty-ninth street—package of baby wrappers.

Anonymous, through Dr. Austin Flint, Jr.—1 package of baby caps.

Holland House—1 box old linen.

Mrs. Henry Marquand, No. 11 East Sixty-eighth street—1 microscope; 2 large cases of medical books.

Mrs. L. L. Stanton—74 babies' flannel shirts.

Dr. F. H. Markoe—1 medical book.

Mr. Gustav Boumann, Holland House—1 large bundle of old linen.

Anonymous, from Oakdale, L. I.—2 large boxes of assorted vegetables.

CLOTHING AND LINEN RECEIVED.

Ladies' Sewing Class.

Wrappers for babies	213
Diapers for babies	315
Petticoats for babies	195
Shirts for babies	173
Slips for babies	2
Binders for babies	284
Caps for babies	75
Sacques for babies	20
Shawls for babies	39
Quilts for babies	6
Wrappers for women	99
Gowns for women	119
Chemises for women	83
Shirts for women	49
Operating towels	50
Ward towels	79
Dish towels	15
Square towels	42
Sheets	12
Pillow-slips	49
Pieces unfinished	12
	1,931

GRADUATE NURSES.

Society of the Lying-in Hospital, from October 1, 1896, to September 30, 1897.

Miss Lucille Tischner.
" Julia M. Donaghue.
Mrs. Lititia Shaughnessy.
Miss Wilhelmina Williams.
" Mary F. Noble.
" Mary E. O'Grady.
" Josephine Morriss.
" Margaret Byrnes.
" Pauline Oakley.
" Laura Kerrison.
Miss Mabel McDonald.
" Winfried Gleason.
" Alice Mudge.
" Alice Slines.
" Alice Dailey.
" Mary J. Barry.
" Elizabeth Schiedel.
" Annie L. Donoghue.
" Mary V. McCarthy.
" Margaret Doyle.

Miss Anna McGee.

FORM OF CERTIFICATE.

SOCIETY OF THE LYING-IN HOSPITAL

OF THE CITY OF NEW YORK,

INCORPORATED MARCH 1, 1799.

THIS IS TO CERTIFY THAT

....

has served as.....in this Institution from..... to ..... and during this period has faithfully and satisfactorily performed all duties assigned to him.

Dated at New York City

.....
President.

.....
Secretary.

Consulting Physicians :

Attending Physicians :

GRADUATE STUDENTS FROM OCTOBER 1, 1896, TO SEPTEMBER 30, 1897.

H. C. Allen, Springwater, N. Y.
John Adams, New York, N. Y.
F. A. Allin, Elizabeth, N. J.
Seymonds Archibald, Musguddaboock, N. S.
Glasgow Armstrong, Salem, Va.
Henry G. Arnott, London, Canada.
E. Adams.
Edward A. Aronson, New York, N. Y.
C. W. Buffum, Owego, N. Y.
A. G. Bising, Jersey City, N. J.
William Bachman, New York, N. Y.
J. G. L. Borgmeyer, Bayonne City, N. J.
M. I. Blank, New York, N. Y.
G. B. Brown, Brownsville, Canada.
Irving D. Blanchard, Beilgafort, Conn.
William S. Barnes, New Haven, Conn.
B. H. Buxton, New York, N. Y.
J. T. Barbec, Jackson, Tenn.
W. E. Boetzkes, Bensonhurst, N.Y.
W. S. Britt, Midway, Ala.
Thos. D. Brown, Ogdensburg, N.Y.
Otis Z. Bouton, Albany, N. Y.
Julius A. Becker, New York, N. Y.
J. Mitchell Burns, Denver, Col.
W. M. Barnes, Washington, D. C.
Wm. T. Brenson, Danbury, Conn.
Horace B. Blau, Point Richmond, S. I.
Maurice M. Bergen, New York, N. Y.
J. Bruder, New York, N. Y.
S. R. Blattcis, Brooklyn, N. Y.
Anthony Bassler, New York, N. Y.
Harold Barclay, New York, N. Y.
Fred. T. Billings, Staten Island, N. Y.
J. G. Bouvier, Jeanerette, La.
J. V. Bergen, Paterson, N. J.
M. A. Barranco, Philadelphia, Pa.
Henry Belt, New York, N. Y.
Louis I. Bogus, New York, N. Y.
William J. Bedell, New York, N. Y.
C. B. Brainard, Bristol, Conn.
John S. Coman, New York, N. Y.
S. J. Cogswell, Ashburnham, Mass.
C. F. Coverly, Jr., Hanover, N. H.
S. F. Corbett, New York, N. Y.
Stephen Castor, Plainfield, N. J.
J. H. M. Clinch, Portland, Oregon.
Stanton Curry, Brooklyn, N. Y.
Frank L. Christian, Waterloo, N. Y.
H. L. Crullenden, Cooperstown, N. Y.
William N. Campaigne, Troy, N. Y.
F. A. Chapman, Sigel, Ill.
H. F. Couller, Bryan, Texas.
Wm. Cohn, New York, N. Y.
John A. Corcoran, N. H.
S. E. Centerfit, Montgomery, Ala.
Fred. Coddington, Monticelli, N. Y.
Wm. Donovan, New York, N. Y.
E. B. Davis, Rutland, Vt.
Robert Denniston, Washingtonville, N. Y.
John J. Decker, Creskill, N. J.
P. B. Davenport, Garfield, N. J.
P. J. Dwyer, Ansonia, Conn.
Robt. M. Dodsworth, New York, N. Y.
W. L. Dunning, Paterson, N. J.
Wm. F. Duffy, New York, N. Y.
W. G. Dougherty, Yonkers, N. Y.
David Davidson, Brooklyn, N. Y.
L. G. Distler, Middletown, N. Y.
Fellowes Davis, Jr., New York, N. Y.
I. Linton Doughty, Jr., Brooklyn, N. Y.
William H. Dolittle, Passaic, N. J.
L. Duncan, Fayetteville, Ark.
F. J. Eberspacher, Pana, Illinois.
H. A. Engelhart, Hanover, Germany.
A. T. Erdman, Brooklyn, N. Y.
Francis V. Ely, Corning, N. Y.
S. J. Essenson, New York, N. Y.

N. S. Emberson, White Plains, N. Y.
A. R. Elken, New York, N. Y.
H. H. Eliot, North Haven, Conn.
Eugen H. Eising, New York, N. Y.
J. A. Fraser, New Bedford, Mass.
Louis Friedman, New York, N. Y.
Isaiah Frank, New York, N. Y.
Robt. W. Fowler, Sing Sing, N. Y.
William Freund, New York, N. Y.
P. Harold Foss, Boston Mass.
W. T. Flanagan, Providence, R. I.
A. Feldman, New York, N. Y.
John A. Fillebrown, Cold Spring, N. Y.
C. H. Finke, New York, N. Y.
Samuel Floersheine, New York, N. Y.
John Walter Gray, Summit, N. J.
I. Goldstein, New York, N. Y.
A. Glickstein, Brooklyn, N. Y.
A. K. Grant, Utica, N. Y.
S. L. Gettys, St. Louis, Mo.
J. J. Guelshan, New York, N. Y.
R. L. Gray, Clayton, N. Y.
W. F. Gatchell.
A. S. Gibson, Bayonne, N. J.
Hebert E. Gardiner.
Julian A. Gaul, Kingston, N. Y.
Morritz Gross, Worcester, Mass.
E. J. Gordon, Newburgh, N. Y.
G. Goldsmith, New York, N. Y.
Henry Goldberg, New York, N. Y.
F. C. Hennesy, Newark, N. J.
A. L. Holland, New York, N. Y.
L. Harris, New York, N. Y.
C. N. Hichman, New York, N. Y.
S. V. Haas, New York, N. Y.
Henry Willis Haynes, New York, N. Y.
S. P. Holding, Wake Forest, N. C.
Max Hübner, New York, N. Y.
Clarence E. Howland, So. Dartmouth, Mass.
George Henriquez, New York, N. Y.
W. L. Hetherington, Jersey City, N. J.
Louis D. Henne, New Britton, Conn.
L. B. Honeyford, Hudson, N. Y.
Samuel Hirsh, New York, N. Y.
A. H. Hine, North Andover, Mass.
E. M. Hetherington, Kansas City, Mo.
Frank Hinkley, Clarksville, N. Y.
L. F. W. Haas, New York, N. Y.
Ernest V. Hubbarb, New York, N. Y.
Emmett Howd, Troy, N. Y.
Henry W. Hyatt, New York, N. Y.
Fred. I. Jansen, Fouda, N. Y.
J. N. Jennings, Brooklyn, N. Y.
Geo. H. Jones, Toledo, Ohio.
Charles Kittridge, Fishkill, N. Y.
William B. Kenniston, Boothsbay Harbor, Maine.
M. N. Karash, Hoboken, N. J.
B. Frank Knause, New York, N. Y.
John Ketterle, Jr., Brooklyn, N. Y.
R. N. Knight, Crown Point, Ind.
A. E. King, Wellsville, N. Y.
Clayton T. King, Batchellerville, N. Y.
Henry T. Kurtz, New York, N. Y.
G. A. Krauss, Jersey City, N. J.
J. E. Kumpf, New York, N. Y.
R. C. Knode, New York, N. Y.
Samuel Korngut, New York, N. Y.
Charles Kennedy, P. E. I., Canada.
D. J. Knoepfel, East Providence, R. I.
Charles F. Lynch, Waltham, Mass.
A. C. Loper, Bridge Hampton, N. Y.
Livingston L. Lewis, Hoboken, N. J.
E. B. Lattimore, Shilby, N. C.
Leopold E. Levine, New York, N. Y.
C. S. Lenox, North Adams, Mass.
Lewis Lampert, New York, N. Y.
Samuel Lindsay, Chester, S. C.
Walter D. Ludlum, Hempstead, N. Y.
Wm. W. Lougee, Rochester, N. H.

Harvey Lozee, Up. Red Hook, N. Y.
F. J. J. Lehmann, Toledo, Ohio.
John F. Louden, Amityville, N. Y.
M. R. Laden, Wallingford, Conn.
H. P. Lewis, Ilion, N. Y.
Leon Lemberg, New York, N. Y.
V. A. Lyons, New York, N. Y.
E. A. Libbey, Farrington, N. H.
William Lowe, New York, N. Y.
J. N. Le Conte, Rome, Ga.
J. G. Littlefield, Bridgeport, Me.
F. J. J. Lehmann, Toledo, Ohio.
N. A. Moulton, Vestal, N. Y.
Daniel F. Mathews, Solway, N. Y.
J. N. Martin, New York, N. Y.
W. C. Marden, Pittsfield, Maine.
William G. Muench, New York, N. Y.
A. J. Mitchell, Newark, N. J.
J. W. Maxwell, Kingston, Ohio.
P. B. Marion, Richburg, S. C.
Geo. H. Musso, Lynn, Mass.
Eugen S. Meacham, New Brunswick, N. J.
E. E. Mitchell, Flushing, L. I.
D. W. Marston, Monmouth, Me.
Leo B. Meyer, New York, N. Y.
Q. H. Merril, Milford, N. H.
W. F. Macklin, New York, N. Y.
Louis S. Millspaugh, New York, N. Y.
H. Maynard, New York, N. Y.
Maurice Minton, New York, N. Y.
D. W. Draper Maury, New York, N. Y.
Chas. F. Meinhardt, Deluth, Minn.
D. McRossie, Napanee, Ont., Canada.
D. C. McClymont, Newark, N. J.
G. Votten McMaster, New Haven, Conn.
W. H. McLeish, Postage, Wis.
Robert J. McAdory, New York, N. Y.
W. W. McAlister, Paterson, N. J.
W. B. McGaunn, Brooklyn, N. Y.
Lewis J. McCabe, Winchendow, Mass.
S. H. Newton, Rouses Point, N. Y.
W. F. Natchell, Alton, N. Y.
W. H. Nardin, Jr., New York, N. Y.
Hanna S. Nitzschke, Utica, N. Y.
Chas. F. Nelson, Cleveland, Ohio.
John Nydes, Newark, N. J.
F. G. VanNoort, Paterson, N. J.
T. M. Neafsey, Glen Cove, L. I.
H. J. Onderdonk, New York, N. Y.
Clement C. Owen, Lexington, Va.
R. M. Olin, Perry, N. Y.
Jacob S. Otto, Buffalo, N. Y.
E. O. Parker, New York, N. Y.
Walter B. Peet, Yonkers, N. Y.
Harry S. Platts, Rindge, N. H.
G. R. Pisec, New York, N. Y.
Frank E. Pagett, Spring Valley, N. Y.
James F. Power, New York, N. Y.
S. G. Pake, Duluth, N. Y.
G. B. Pearson, Greenboro, Md.
Cyrus S. Patterson, Roxbury, N. Y.
Herbert Pinkney, New York, N. Y.
G. F. Palmer, New York, N. Y.
Albert E. Payne, Greenport, L. I.
F. L. Posson, Huntersland, N. Y.
C. W. Pollard, New York, N. Y.
Edward F. Perry, Putnam, Conn.
P. L. Parrish, Brooklyn, N. Y.
I. Pyle, Jersey City, N. J.
H. J. Prentiss, Dobbs' Ferry, N. Y.
W. H. Purdy, Mamaroneck, N. Y.
S. Peskin, New York, N. Y.
O. W. Rash, Jr., New York, N. Y.
Isidor C. Reshower, New York, N. Y.
W. F. Read, New York, N. Y.
John Rudolph, Hoboken, N. J.
Wm. M. Richards, New York, N. Y.
C. C. Rinard, New York, N. Y.
W. Jekyll Reichman, New York, N. Y.
Mortimer B. Ruggles, Jr., New York, N. Y.
Herman L. Reis, New York, N. Y.
Chas. M. Ravich, Woodhaven, N. Y.

Edwin T. Randall, Brooklyn, N. Y.
R. M. Rawls, New York, N. Y.
B. B. Richardson, New Brighton, N. Y.
C. E. Simonds, Mansfield Centre, Conn.
P. Schaeffler, Jr., New York, N. Y.
J. L. Sammett, New York, N. Y.
Elmer A. Scott, New York, N. Y.
Daniel Sullivan, Willimantic, Conn.
W. G. Schoonover, Yonkers, N. Y.
N. M. Salleeby, Berrut, Syria.
H. A. Schyspack, Newark, N. J.
Jacob Smithline, New York, N. Y.
Edmund Stevens, Hyde Park, Mass.
C. M. Sandford, Covington, Ky.
E. Mather Sill, Lodus Point, N. Y.
J. S. Slawson, Haverley, N. Y.
F. A. Snowden, Peekskill, N. Y.
James B. Sandford, New York, N. Y.
M. J. Sittenfield, New York, N. Y.
Benjamin Senftenberg, Awerne, L. I., N. Y.
Harold L. St. John, Walton, N. Y.
Otto M. Schwerdtfeger, Brooklyn, N. Y.
James Shannon, Norwich, Conn.
W. W. Stebbins, Little Falls, N. Y.
C. L. P. Smith, New Haven, Conn.
Chas. A. Shultes, Huntersland, N. Y.
A. Chase Sanford, Fall River, Mass.
Samuel Spiegel, New York, N. Y.
A. L. Sherrill, New York, N. Y.
W. H. Shields, Ogdensburg, N. Y.
John F. Shea, Boston, Mass.
Cora B. Towle, Portland, Mass.
E. Tutschulte, Brooklyn, N. Y.
C. R. Treat, New York, N. Y.
R. G. Troidle, Albany, N. Y.
J. Willard Travell, Troy, N. Y.
C. F. Treppenning, Middletown, N. Y.
C. Milton Todd, New York, N. Y.
Martin A. H. Thelberg, New York, N. Y.
A. H. Traver, Sand Lake, N. Y.
Ralph Tousey, New York, N. Y.
Harry N. Taylor, Ocean Grove, N. J.
Harry B. Townsend, Richmond Mills.
Arthur F. Thompson, Newark, N. J.
M. H. Toy, Norwich, N. Y.
Albert E. Ulhman, New York, N. Y.
Henry G. Vencel, Brooklyn, N. Y.
Edgar A. Van der Veer, Albany, N. Y.
G. J. Wardenberg, Brooklyn, N. Y.
Wm. A. Weightman, New York, N. Y.
David Weinberg, New York, N. Y.
Russel Wilkins, Lawrence, Mass.
Wm. N. Winne, New York, N. Y.
H. H. Wilson, White Plains, N. Y.
H. J. Wynkoop, Bath, N. Y.
Orrie S. Wightman, New York, N. Y.
Fred. W. Wersebe, Jersey City, N. J.
F. B. Weaver, Gallatinville, N. Y.
Henry Wahn, New York, N. Y.
Walter H. Wood, Argyle, N. Y.
Wm. C. Woolsey, Jersey City, N. J.
C. W. Welsh, New Haven, Conn.
Louis R. Welzmillir, New York, N. Y.
Adolf Waechter, New York, N. Y.
Herman C. Wolff, New York, N. Y.
H. W. Young, New York, N. Y.
J. F. Zenneck, Hoboken, N. J.
Isidor Zeppert, New York, N. Y.

SUMMARY.

College Registration of Students.

Bellevue Medical College, City of New York	76
University Medical College, City of New York	105
College of Physicians and Surgeons, City of New York	19
Albany Medical College, N. Y.	21
Yale Medical College, New Haven, Conn	11
University of Vermont	4
Dartmouth Medical College, Hanover, N. H	5
Long Island College, Brooklyn, N. Y	6
College of Physicians and Surgeons, Baltimore	1
New York Hospital, New York City	1
Detroit Medical College	1
New York Homeopathic College, New York City	3
Georgetown Medical College, N. C	1
Bowdoin Medical College	2
Omaha Medical College	1
University of Pennsylvania	1
Buffalo University, N. Y	1
Toledo Medical College	1
Eclectic College, New York City	1
	261

SUMMARY.

College Registration of Graduates.

University Medical College, New York City	1
Bellevue Medical College, City of New York	3
Physicians' and Surgeons' Medical College, City of New York	15
Eclectic College, City of New York	1
Medical College, Burlington, Vt	4
College of Physicians and Surgeons, Baltimore	2
Dartmouth Medical College, Hanover, N. H	3
Maine Medical College	1
Bowdoin Medical College	2
Missouri Medical College	1
University of Oregon	1
Maine General Hospital	1
Rush Medical College, Chicago, Ill	1
Independence Medical College, Chicago, Ill	1
University of Virginia	1
Cleveland University, Ohio	1
Toledo Medical College	2
Gross Medical College	1
Marion Sims Medical College	1
Boston University	1
Maryland University	1
Atlanta Medical College	1
	46

WILLIAM T. LUSK, M. D.,

Died June 12, 1897.

At a meeting of the Medical Board of the Society of the Lying-in Hospital, held on July 1, 1897, the following resolution was unanimously adopted :

Resolved, That this Board express to the family of their deceased associate, Dr. William T. Lusk, their sympathy and sorrow in the loss which has befallen them and the medical profession.

Dr. Lusk's advice and aid have been invaluable in time of need, and the Board feel most keenly the loss of his presence in their councils.



VIEW OF PROPOSED NEW HOSPITAL BUILDING FROM NORTHEAST.

Extract from Report of Special Committee Appointed to Investigate with the Medical Board the Income Required to Meet the Expenses of the New Hospital Building.

The Committee appointed at the meeting of the Board of Governors, held on January 13, 1897, to investigate, with the Medical Board, the income required to meet the expenses after any new hospital is erected, as well as the plans for carrying on same, and also to investigate how the work of the Society shall be maintained during the construction of the new hospital building, reported as follows :

The construction of the new hospital building depends upon the first condition named by the donor, viz. :

" Before the building is erected it shall be apparent that the income of the Hospital, from endowment or other sources, render it in all human probability sufficient to meet the expenses after the new building shall be erected."

This condition may mean either one of two things :

First—That the income of the Hospital shall be sufficient to meet the expenses of the new building when it is running at its fullest capacity.

Second—That the income of the Hospital shall be sufficient to meet the expenses of the new building when only as much of it is in use as may be required to meet the needs of the Hospital at the time the new building is finished.

The Committee feel that under no conditions can any additional debt be incurred, and that the running expenses must be met. The question which now arises, therefore, is, what, in all human probability, will be the income of the Hospital when the new building is completed, if its erection is undertaken?

In considering this question, while it may seem wise to ignore such sources of income as voluntary contributions as necessarily uncertain and fluctuating, it is believed that the annual appropriation of $12,000, in accordance with chapter 385 of the Laws of 1895, will not be interfered with.

The present investments of the Society consist of bonds secured by first mortgages upon improved real estate in this city, and, with the income from the educational department, yields to the Society the sum of $21,275. The appropriation granted by the City is $12,000, giving a total income, leaving out all contributions as uncertain qualities, of $33,275.

No consideration is taken of the additional income that could be obtained by the Society from the facilities it would have in the new building to receive graduate pupils and afford private rooms and medical care to those who wished treatment and could afford to pay for the same. Scarcely a week passes that application is not made to the Society from well-to-do people temporarily in the city who apply for hospital treatment.

The present mortgage indebtedness on the Hospital property is $110,000, with interest at 4½ per cent., due June 17, 1902. Of the principal the sum of $80,000 has been most generously offered in yearly subscriptions of $10,000 for eight years, $20,000 of which has already been received and invested.

It is estimated that at the end of eight years the interest on the yearly donations would amount to $15,750, and only leave to be raised on the due date of the mortgage the sum of $14,250.

A certain margin must be left to provide for loss of interest while sums given are drawing 2 and 3 per cent. in trust companies before investment is found; but it may be calculated that this difference would not amount to more than $1,000.

The time required for the construction of the new building would be at least two years. It would seem wise that the headquarters of the Hospital should not be moved from the neighborhood in which they are now located.

It would be necessary, therefore, to hire a house in the vicinity of Seventeenth street and Second avenue, which would furnish, practically, such accommodations as were utilized in the old building at No. 314 Broome street.

The cost of running such a sub-station, together with the present sub-station at No. 314 Broome street, is calculated as follows :

PROPOSED MONTHLY EXPENDITURE.

Temporary Station and Broome Street.

Rent, temporary station	$250 00
Broome street	40 00
Eight physicians	285 00
Chief Clerk	83 33
Registrar	50 00
Two nurses	95 00
Registrar's clerk	60 00
Matron	30 00
Cook	23 00
Waitress	15 00
Two cleaners	39 00
Porter	23 00
Three medical clerks	69 00
Two medical clerks	70 00
Food	300 00
Gas	40 00
Coal	25 00
Medicines and medical supplies	150 00
Household supplies	25 00
Instruments	5 00
Medical printing	40 00
Repairs	100 00
Telephone	22 00
	$1,839 33
Total yearly expenses	$22,071 96
Interest on mortgage	4,950 00
	$27,021 96

The conduct, therefore, of the temporary station during the two years required for the construction of the new hospital would

save $6,253.04, or, at the end of the two years, $12,506.08, which would be nearly sufficient to meet the total that would remain due on the purchase money, bond and mortgage.

Should the new hospital building be completed according to the present plans, it is estimated that to open the lower floors, conduct the educational and out-door department with a limited ward service, keep the entire building in proper order and heat the upper stories to prevent deterioration, the following items of necessary expense must be added to our present expenses of.....		$27,021 96
900 tons of furnace coal, at $4.....	$3,600 00	
75 tons range coal.....	400 00	
2 engineers, at $100; 4 firemen, at $25.	3,600 00	
30 servants, male and female, at an average of $20.....	7,200 00	
Food	6,000 00	
Repairs and extras.....	5,000 00	
		25,800 00
		$52,821 97
Present income		33,275 00
Deficit		$19,546 96

The amount of principal required to meet this deficit of $19,546.96, at a conservative rate of interest, say 4 per cent., may be estimated at $500,000. The Committee, therefore, recommend the raising of this sum, and consider the income of it, with our present one, will be sufficient to meet expenses "after the new building shall be erected." Each additional floor, in the opinion of the Committee, can be opened at a yearly cost of $15,000.

All of which is very respectfully submitted.

Dated New York, February 10, 1897.

PROPOSED NEW HOSPITAL BUILDING.

The proposed new hospital building will cover the entire site now owned by the Society, corner of Second avenue, Seventeenth and Eighteenth streets, having a westerly projection of about half its length. This will give a width of eighty-three feet on Seventeenth street, one hundred and sixteen feet on Eighteenth street and a frontage of one hundred and eighty-four feet on Second avenue.

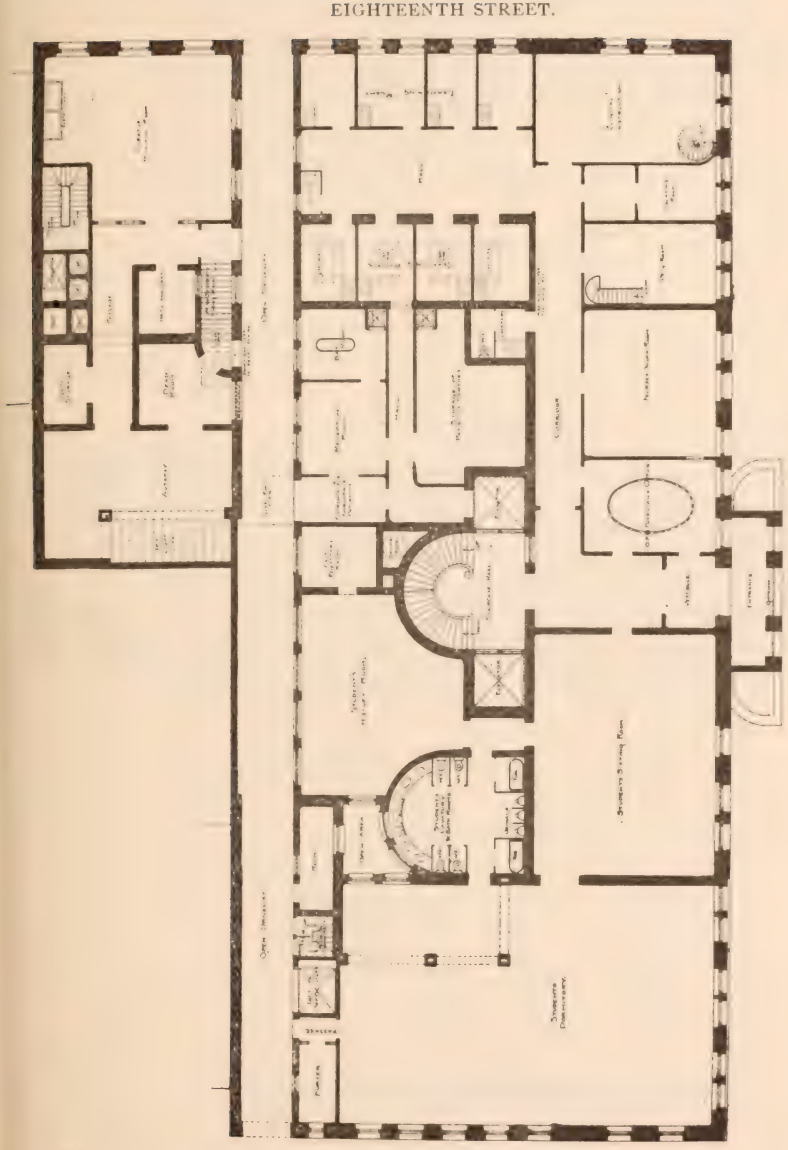
The building will be ten stories in height and will have a fireproof construction of steel, brick and stone. The lower part will be built of limestone, and the superstructure will be brick with limestone facings. The main entrance to the hospital will be on the avenue, and side entrances will open on Seventeenth and Eighteenth streets.

On the cellar floor there are furnaces, dynamo-room, ventilating, elevator and other machinery, store-rooms and a disinfecting plant.

Basement Floor.

On the south is located the students' dormitory, consisting of thirty beds, connecting with the students' sitting room on Second avenue. The Eighteenth street side is occupied by examining rooms, an isolating room and a room for clinical instruction. A manikin instruction room, the autopsy room and the deadroom are in the northwest part of the basement, separated from the rest of the building by the open-air ambulance passage-way.

The entrance on Second avenue leads to the Out-patient Physicians' offices, adjoining the nurses' workroom and the drugroom. In the centre of the building is located a storeroom for patients' clothes, reception room, bathroom for patients, the Assistant Registrar's room, students' history room and students' lavatories and bathrooms.

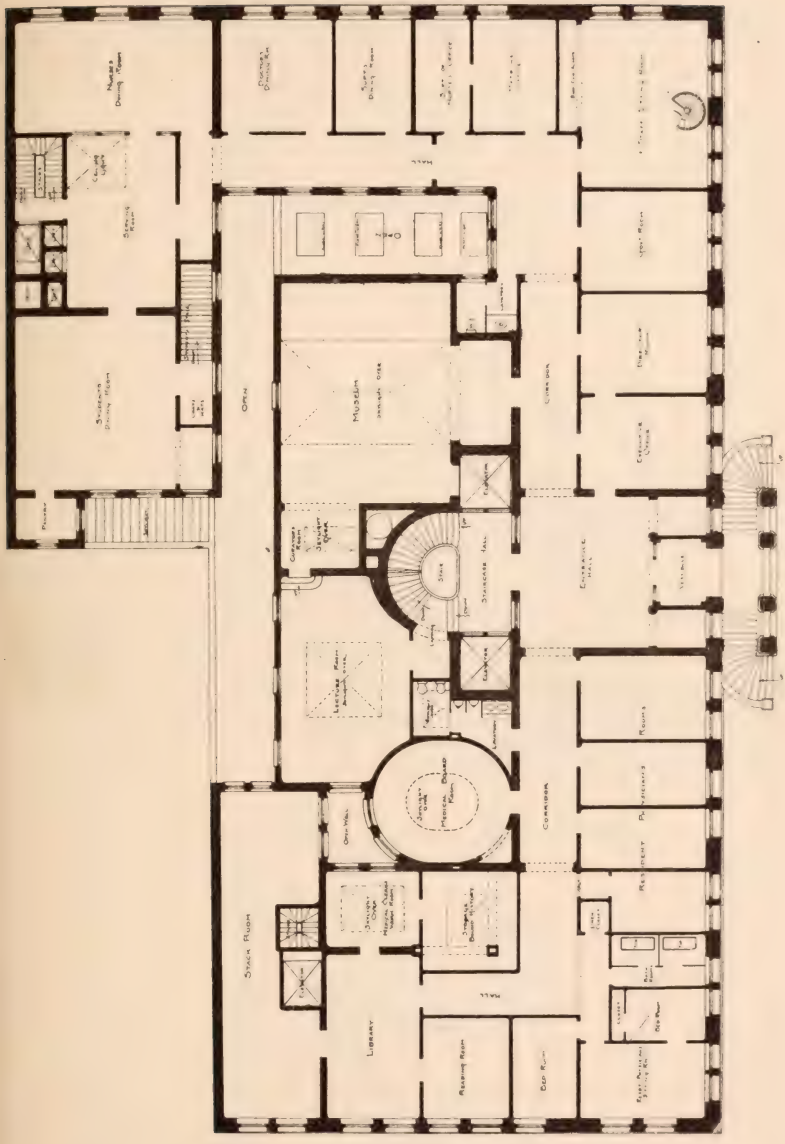


SOCIETY OF THE LYING-IN HOSPITAL,
BASEMENT PLAN.

First Story Plan.

This floor is given up mainly to Resident Physicians' rooms, executive offices, the staff sitting room, students' dining room, nurses' dining room, serving room, the doctors' dining room, superintendent's dining room, matron's and superintendents of nurses' offices. There is a large museum, lecture room, library and storage room for bound histories. The meeting rooms for the Board of Governors and the Medical Board are here also.

EIGHTEENTH STREET.



SECOND AVENUE.

SEVENTEENTH STREET.

SOCIETY OF THE LYING-IN HOSPITAL.

FIRST STORY PLAN.

Second Story Plan.

The second story is given up largely to the nurses' department, which consists of a large nurses' sitting room fronting on Second avenue, and numerous bedrooms and lavatories. The northwest portion on Eighteenth street is designed for female help. On the southwest corner on Seventeenth street the laundry and kitchen for the exclusive use of the septic department are arranged in such manner that the access to them can be gained only through a special stair and elevator leading from the open ambulance passage already spoken of.



SOCIETY OF THE LYING-IN HOSPITAL.

SECOND STORY PLAN.

Third Story Plan.

The third story contains the bedrooms for male graduates, ward physicians, female student graduates, superintendent's family and additional rooms for the female help.

On the Seventeenth street side the septic department is located. Entrance to these isolation wards can be made only by going through the open air, either by the corridor or by the ambulance passage on the ground floor.



SOCIETY OF THE LYING-IN HOSPITAL

THIRD STORY PLAN.

The fourth, fifth, sixth, seventh and eighth story plans are identical.

On the south, overlooking Stuyvesant Square, affording abundance of air and sunshine, is located a ward consisting of twenty beds ; on Second avenue are the convalescent ward and ward No. 2, consisting of eleven beds and other accommodations, including babies' ward and private rooms for special cases.

On the Eighteenth street side, separated from the wards proper by an open-air corridor, there is also an ante-partum ward, serving room and dining room for the ante-partum ward.

Delivery rooms, lavatories and nurses' workrooms are conveniently located.

Ninth Story.

The ninth story is continued above the eighth in three large tower-like structures. The two on Second avenue contain, in the southern one laboratories, and in the northern one a large amphitheatre for lectures.

The laundry department occupies the Eighteenth street tower on this floor.

Tenth Story.

The tenth story is devoted to a continuation of the laboratories and additional amphitheatre seats.

The kitchen is above the laundry in the northwest tower.



SOCIETY OF THE LYING-IN HOSPITAL.

FOURTH, FIFTH, SIXTH, SEVENTH AND EIGHTH STORY PLANS.

Debt of the Society of the Lying-in Hospital.

The Board of Governors gave back a purchase-money bond and mortgage of $110,000 at 4½ per cent., due in eight years, on taking title in June, 1894, to the present Hospital property, and also borrowed from the United States Trust Company the sum of $60,000 at 3 per cent.

The Board of Governors gratefully acknowledge a third very generous contribution of $10,000 on account of the mortgage, making a total of $30,000, and which forms a special fund toward its payment.

Further donations have reduced the sum of $60,000 originally borrowed to $35,000.

The total interest charges during the past year to the Society amount, it will be noted in the Treasurer's report, to $6,666.23.

Should further contributions be received from those disposed to aid the Society, the large expense of interest may be reduced and correspondingly more opportunity given the Society to extend its charitable work. Contributions are most earnestly solicited to extinguish the debt on the balance due.

Ground and Floor Plan Present Hospital Building.

A diagram of the property owned by the Society of the Lying-in Hospital, situated on the northeasterly corner of Seventeenth street and Second avenue, is shown in the following page, and gives also the location of the present Hospital buildings.

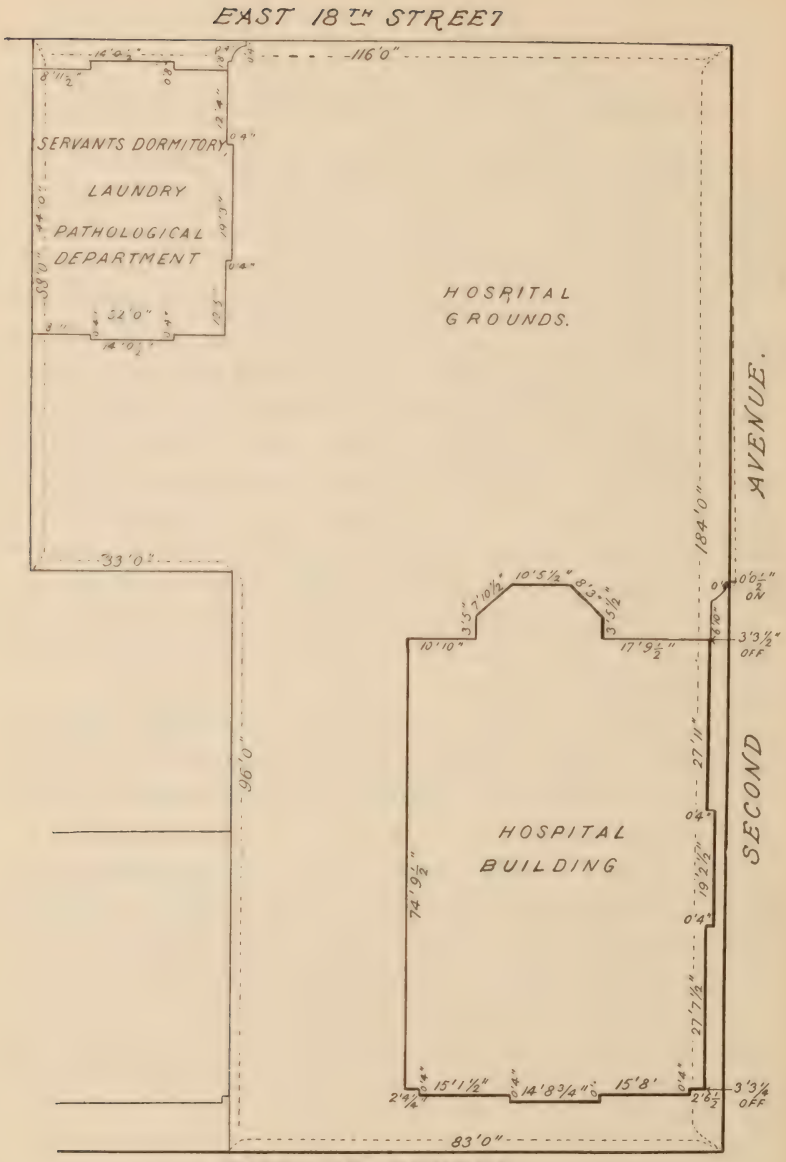
The property has a frontage of 184 feet on the avenue and extends 83 feet on Seventeenth street and 116 feet on Eighteenth street. It is near the stations of the elevated railroad at Eighteenth and Nineteenth streets, on Third and First avenues, being also accessible by means of the surface roads on Third and Second avenues and the crosstown cars on Seventeenth and Eighteenth streets, east and west. Transfers can now be obtained on these lines from almost every part of the city, making the Society's property convenient to reach from every direction.

The location, therefore, is not only a central one, but is valuable in the facilities it gives poor people to be cheaply and quickly transported to it.

Opposite the Hospital property in Seventeenth street is Stuyvesant Square, containing between four and five acres of open space, affording the Hospital great advantages in respect to air and sunshine.

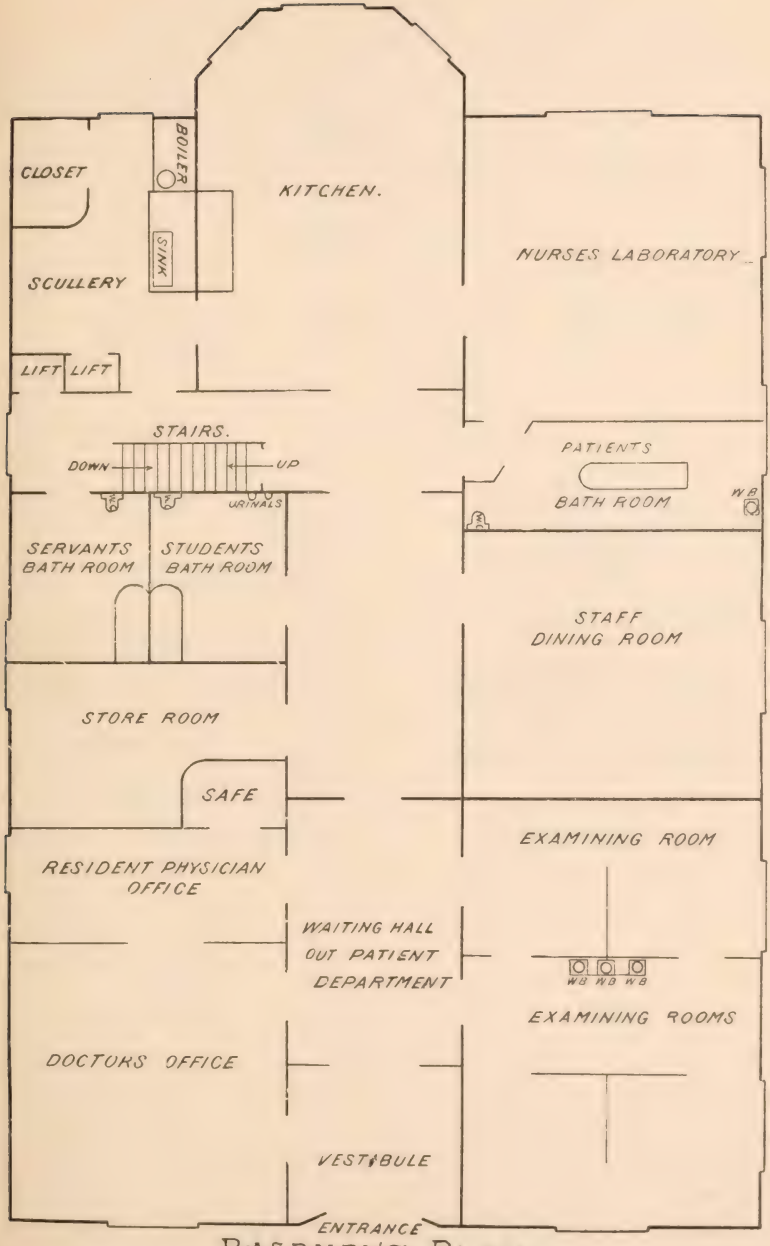
The extent of ground owned by the Society permits great opportunities for the enlargement of its work by additional buildings, and in the opinion of the Medical Board the situation is most advantageous for its future development.

The plans of the different Hospital floors in the present building are given, and serve to show how each room, now at the disposal of the Medical Board, is used in the conduct of the Hospital's work.

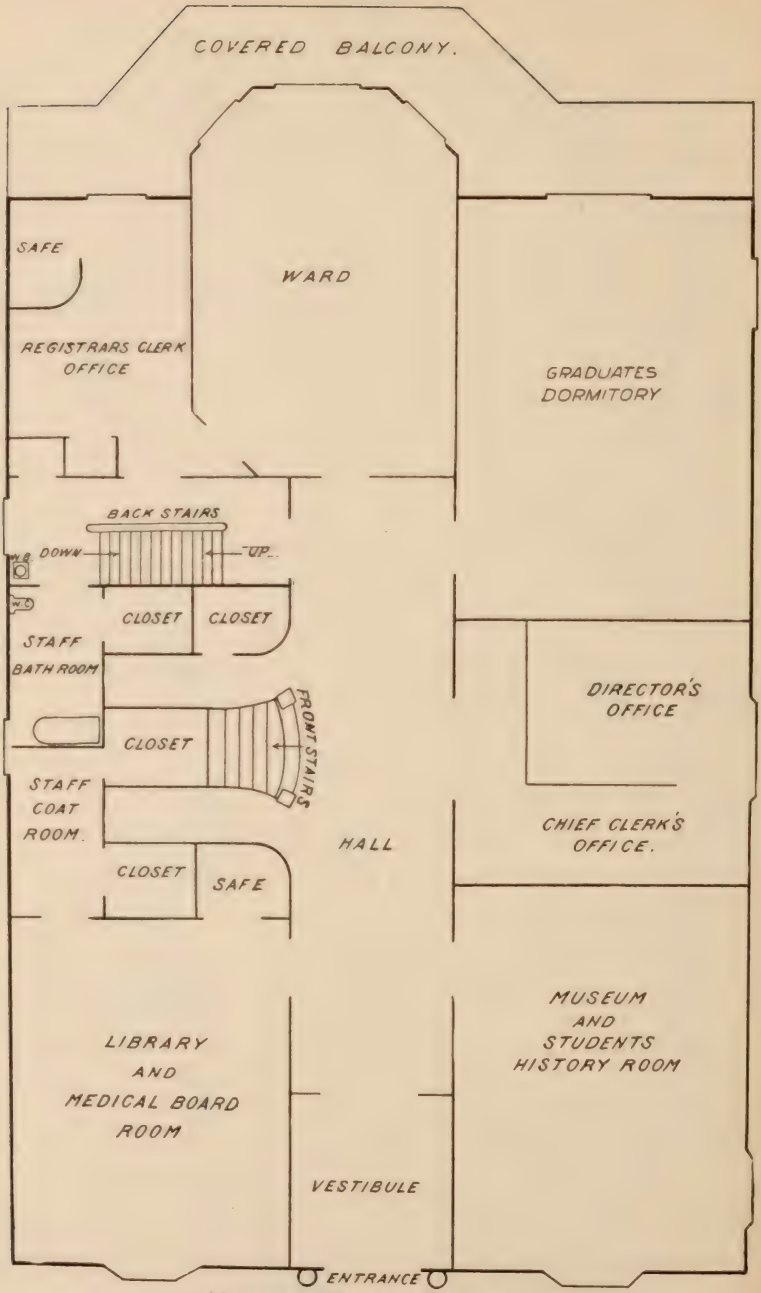


GROUND PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.

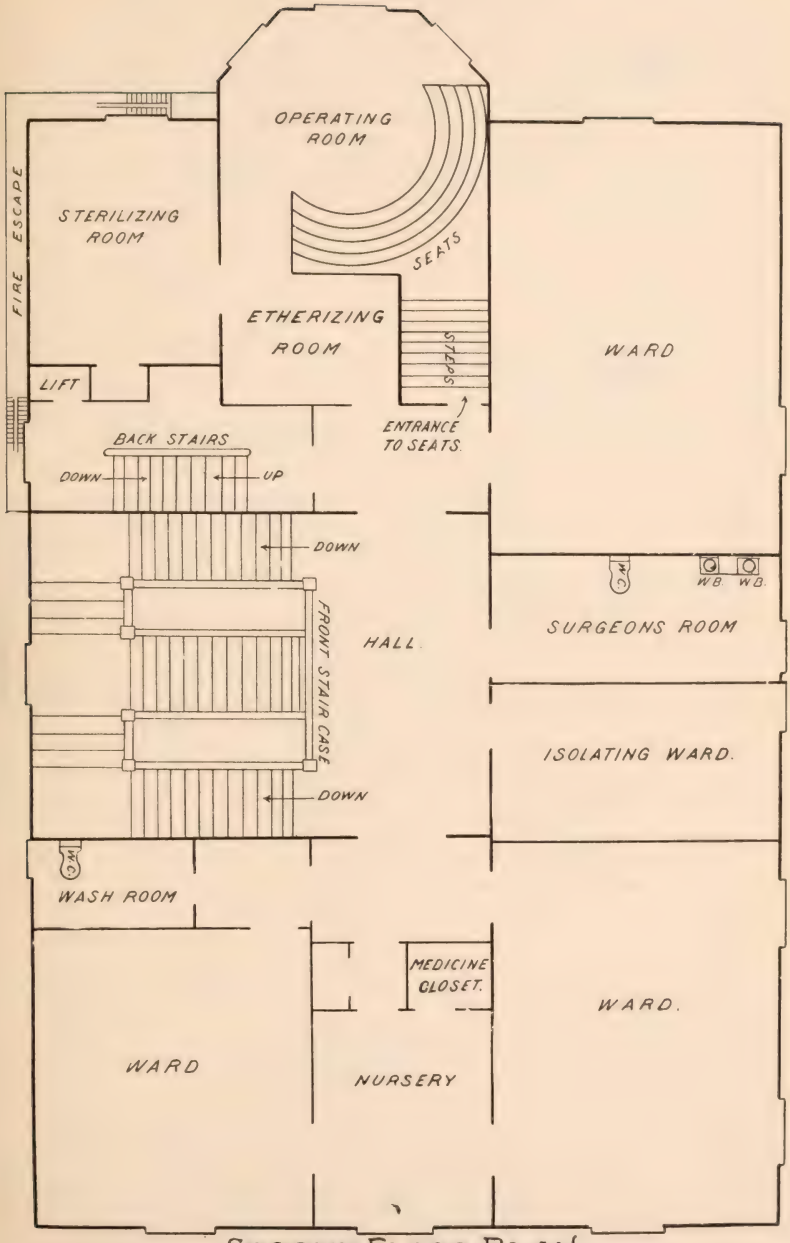


BASEMENT PLAN.
SOCIETY OF THE LYING-IN HOSPITAL.



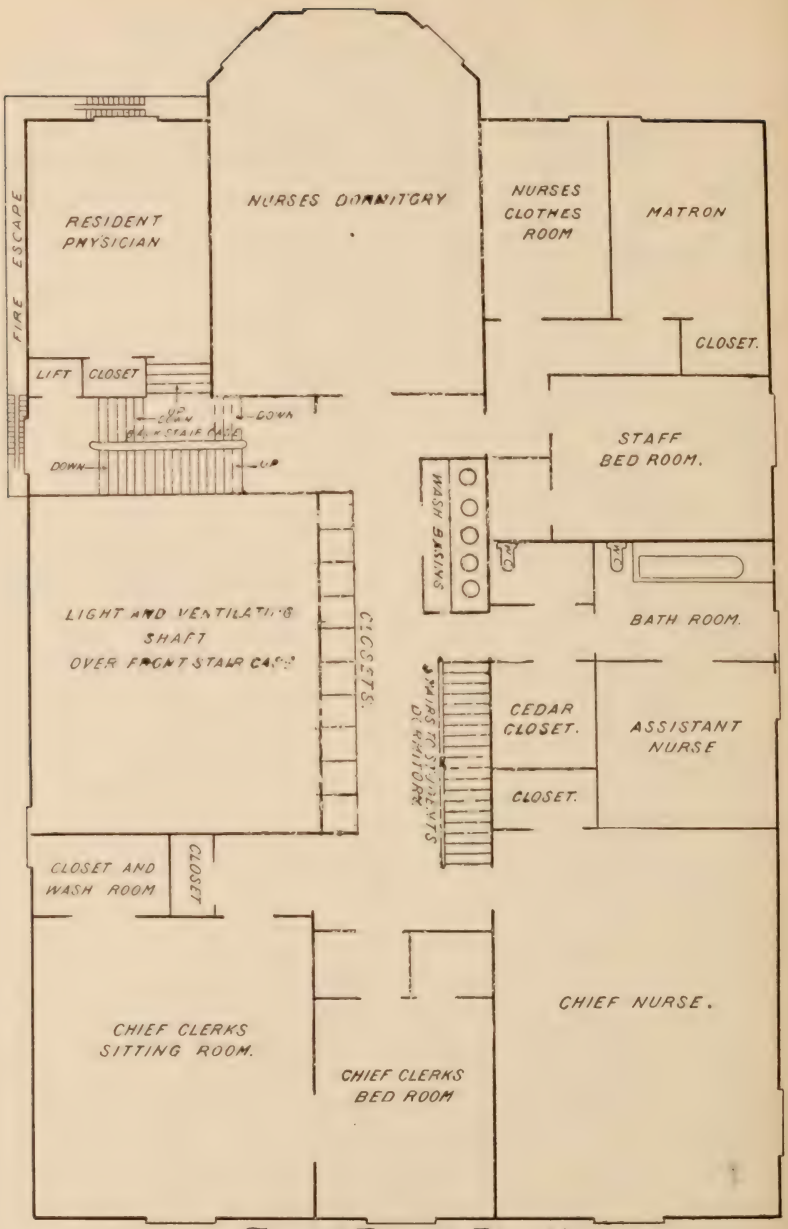
FIRST FLOOR PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.



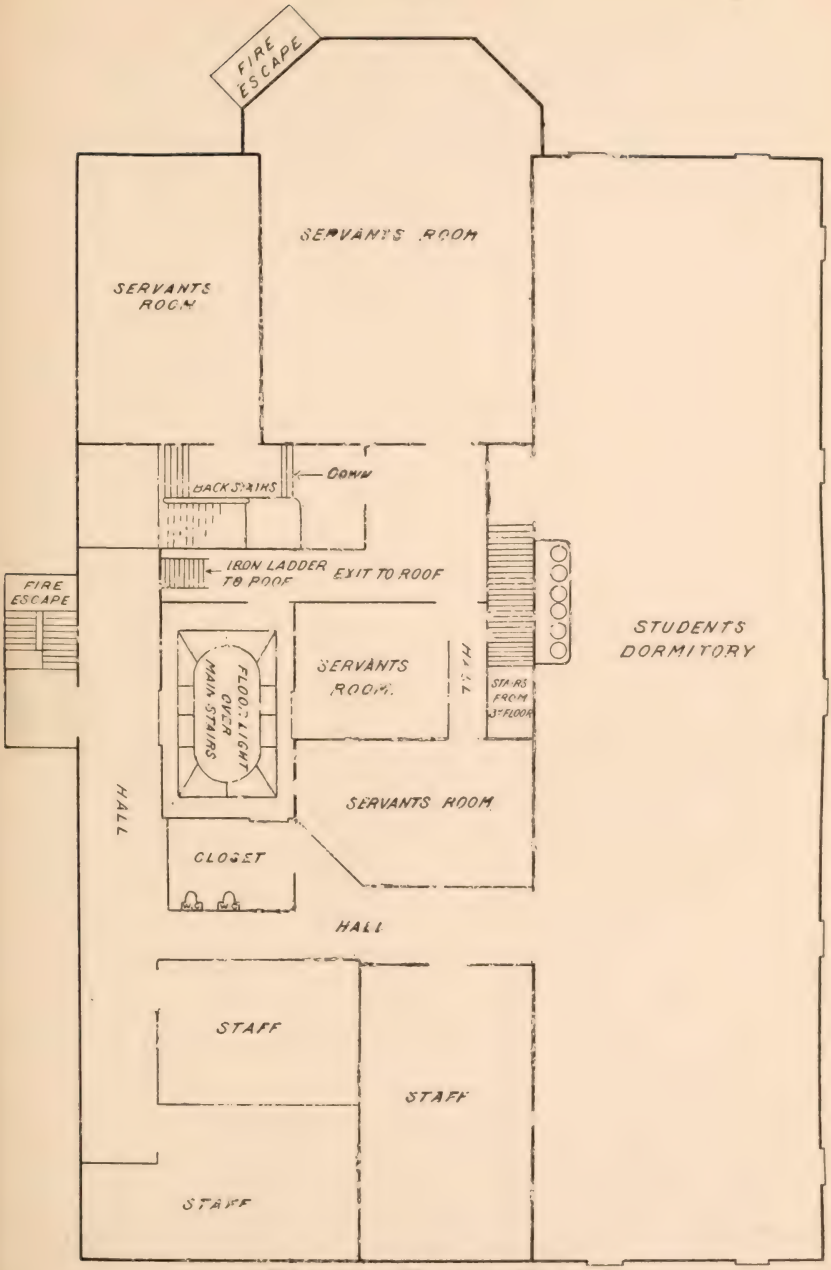
SECOND FLOOR PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.



THIRD FLOOR PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.



FOURTH FLOOR PLAN.
SOCIETY OF THE LYING-IN HOSPITAL.



WARD F.

Society of the Lying-in Hospital of the City of New York.

LADIES' SEWING CLASS.

1897.

ORGANIZERS.

Mrs. Frederic Bronson.
Mrs. James A. Burden.
Mrs. Levi P. Morton.
Mrs. Frederick Vanderbilt.
Mrs. Lloyd Bryce.
Mrs. Adrian Iselin, Jr.
Mrs. Henry A. C. Taylor.
Mrs. William C. Whitney.

MEETINGS.

March 17th..... { Mrs. Whitney's. / Mrs. Frederic Bronson's.

March 24th..... { Mrs. Levi P. Morton's. / Mrs. Adrian Iselin, Jr.'s.

March 31st..... { Mrs. Bronson's. / Mrs. Frederick Vanderbilt's.

April 7th..... { Mrs. Lloyd Bryce's. / Mrs. James A. Burden's.

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Mrs. Edward Tiffany Dyer.

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Mrs. Howland Davis.
Mrs. Geo. F. Dominick.
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Mrs. Francis Delafield.
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Miss Gurnee.
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Mrs. Chester Griswold.
Mrs. Frederick Goodridge.
Mrs. Bryce Gray.
Mrs. Rudolph H. Kissel.

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Mrs. Burton Harrison.
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Mrs. W. A. Hungerford.
Mrs. L. I. Hackett.
Mrs. Francia Burall Hoffman.
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Mrs. Colgate Hoyt.
Mrs. Valentine G. Hall.
Mrs. Peter Hayden.
Mrs. E. H. Harriman.
Mrs. W. E. Howland.
Mrs. Harold F. Hadden.
Mrs. Louis Terah Haggin.
Mrs. Haven.
Mrs. John Sherman Hoyt.

I.

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Mrs. William Iselin.
Mrs. William M. Isaacs.
Mrs. Columbus O'D. Iselin.
Mrs. Adrian Iselin, Jr.
Mrs. Alex. Duer Irving.

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Mrs. Bradish Johnson.
Mrs. R. H. Jaffray.
Mrs. Oliver Livingston Jones.
Mrs. Juillard.

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Mrs. Mabel F. Kunhart.
Miss King.
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Mrs. Hamilton Fish Kean.
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Miss Adele Kneeland.

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Miss Margaret D. Leverich.
Mrs. Leverich.
Mrs. S. W. Lambert.

Mrs. Philip Livingston.
Mrs. Howard Lapsley.
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Mrs. Sedgwick.
Miss Leary.
Mrs. Lauterbach.
Mrs. Maturin Livingston.

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Mrs. Fordham Morris.
Mrs. L. P. Morton.
Mrs. L. M. Martin.
Mrs. Ogden Mills.
Mrs. Thomas M. Markoe.
Mrs. Charles H. Marshall.
Mrs. Howard Meyer.
Mrs. Abner Mellen.
Mrs. James Markoe.
Mrs. William Manice.
Mrs. Jordan L. Mott, Jr.
Mrs. Bradley Martin.

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Mrs. John W. McBurney.
Mrs. Frank McCoy.

N.

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Mrs. Thomas Newbold.
Miss May H. Neeser.
Miss Edith Newbold.
Mrs. G. Norrie.

O.

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Mrs. John Kensett Olyphant.
Mrs. Leonard E. Opdycke.
Mrs. William Church Osborn.
Mrs. Walton Oakley.
Mrs. Edwin Parsons.

P.

Mrs. Trenor L. Park.
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Mrs. H. McM. Painter.
Mrs. Almeric Hugh Paget.
Mrs. Frederic J. de Peyster.
Mrs. Morton S. Paton.
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Mrs. Edward Henry Peasley.
Mrs. Wm. Pollock.
Mrs. Howland Pell.
Mrs. F. K. Pendleton.
Mrs. Parsons.
Mrs. Pinchot.

R.

Mrs. James A. Roosevelt.
Mrs. H. P. Rogers.
Mrs. John Clifford Rennard.
Mrs. E. D. Randolph.
Mrs. James Roosevelt.
Mrs. William G. Rockefeller.
Mrs. William Rockefeller.
Mrs. Henry Pendleton Rogers.
Mrs. Robert H. Robertson.
Mrs. Beverley Robinson.
Mrs. Philip Rhinelander.
Mrs. M. H. Richard.
Mrs. Ed. S. Rapallo.
Mrs. Elihu Root.
Mrs. L. B. Robinson.
Mrs. William Rhinelander.
Mrs. T. Y. Oakley Rhinelander.
Mrs. Theodore P. T. Ralli.
Miss Remsen.
Mrs. R. F. Riggs.
Mrs. Reynal.

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Mrs. Stevens.
Mrs. Gardiner Sherman.
Mrs. V. Sorchan.
Mrs. A. G. Sedgwick.
Mrs. William A. Street.
Mrs. W. Watts Sherman.
Mrs. John Sloane.
Mrs. H. Maunsell Schieffelein.
Mrs. O. S. Strauss.
Mrs. Isaac Sherman.
Miss Mary D. Stevens.
Mrs. Charles Schumacher, Jr.
Mrs. Edwin A. Stevens.
Mrs. Henry Sloane.
Mrs. W. K. Soutter.
Mrs. Charles D. Stickney.
Mrs. William Douglas Sloane.
Miss Emily V. Sloane.
Miss Lila V. Sloane.
Mrs. William L. Strong.
Mrs. Edward Sloane.
Mrs. Arthur T. Sullivan.
Mrs. Robt. Livingston Stevens.

T.

Mrs. H. C. Tinker.
Mrs. T. B. Trevor.
Mrs. H. A. C. Taylor.

V.

Mrs. F. W. Vanderbilt.
Mrs. Cornelius Vanderbilt.

W.

Miss White.
Miss M. White.
Mrs. Woerishoffer.
Mrs. William C. Whitney.
Mrs. John A. Weekes.
Mrs. G. G. Williams.
Mrs. John T. Williams.
Miss J. C. Wilmerding.
Mrs. Charlotte S. Witherbee.
Mrs. Frank S. Witherbee.
Mrs. J. J. Wysong.
Mrs. Edwin H. Weatherbee.
Mrs. Grenville L. Winthrop.
Mrs. Robert Winthrop.
Mrs. Geo. Hy. Warren.
Mrs. Wadsworth.
Mrs. Ferdinand Wilmerding.
Mrs. Francis Dana Winslow.
Mrs. Edward Winslow.

Z.

Mrs. Augustus Zabriskie.

Society of the Lying-in Hospital of the City of New York.

LADIES' AUXILIARY COMMITTEE,

Out-Patient Department,

1897.

OFFICERS.

President	Mrs. Frederic Bronson.
Vice-President	Mrs. Frederic W. Vanderbilt.
Secretary	Mrs. Philip Rhinelander.
Treasurer	Mrs. William A. Street.

COMMITTEE.

1. Mrs. Adrian Iselin, Jr.
2. Mrs. William P. Douglas.
3. Mrs. F. W. Vanderbilt.
4. Mrs. James W. Pinchot.
5. Mrs. Horace Gallatin.
6. Miss Furniss.
7. Mrs. H. A. C. Taylor.
8. Mrs. Oakley Rhinelander.
9. Mrs. Frederic Bronson.

The Out-patient department work is conducted under the following sub-divisions :

(1) The care of women who have no place to go after discharge from the hospital.

(2) The care of women who are discharged from the hospital without means.

(3) To supply scrub-women to clean the rooms of the patients in the tenements and to perform other work.

(4) To supply trained nurses to visit special cases in the tenements.

(5) To supply visitors to out-door patients.

(6) To provide linen for the hospital.

(7) To provide baby clothes for the hospital.

(8) To provide means to enable nurses under training to assist in the care of tenement patients and thereby gain experience.

(9) To raise money for these purposes and also for the general purposes of the hospital.

The Executive offices of the hospital have been put at the disposal of the above Committee for general meetings and the discussion of such matters as required report and investigation, and each member of the Committee in charge of the different subdivisions, as indicated by numbers, have power to form a sub-committee to assist them.

EDUCATIONAL DEPARTMENT.

THEORETICAL LECTURES.

(Reprinted from Medical Report 1897.)

Demonstrations.—Recitations.

Although the Medical Board requires that students shall have some theoretical knowledge of obstetrics before taking a course at this Hospital, a certain amount of theoretical instruction is combined with the practical instruction given in the clinics and at the bedside in the tenements. Obviously, in the short time that a student is at the Hospital, but a small part of the more important subjects can be taken up which it is possible to teach in a theoretical lecture. Realizing this, the Medical Board has been compelled to limit the subjects of theoretic instruction mainly to the management and mechanism of normal labor. These lectures are illustrated and made more practical by the ordinary aids to didactic teaching. Demonstrations on the blackboard, charts, and anatomical preparations, a metal pelvis which is mounted on a tripod, and the phantom of Schultze, are the aids which are constantly employed. Wax models showing the anatomy of the generative organs, embryological models, and wet specimens, and a series of deformed pelves serve to illustrate the special lectures which are given by the attending physicians whenever cases of special interest occur in the service of the Hospital.

It is believed that more practical good can be accomplished by didactic lectures which have a direct bearing on the work in hand, than by any lecture following a routine, and which must be repeated from week to week as each new set of students come on duty. In short, theoretic instruction should precede and follow the instruction given during the student's Hospital course,

when he is gaining that practical experience and self-reliance which can only come from observation, and by the personal examination and care of women during pregnancy, childbirth, and the puerperium.

Theoretic instruction by didactic lectures is given under the supervision of the Medical Board by the attending physician on active duty, and by the attending physician on septic duty. The Board of Assistant Attending Physicians has charge of the recitations, the assistant on regular duty reviewing the subject matter of the regular lectures and the work in the antepartum rooms. Instruction is also given by the hose staff. This part of the work, however, comprises instruction in the outdoor service, and is described elsewhere.

The lecture given by the attending physician is called the regular lecture, and is delivered early in the course. The ground covered by this lecture is summarized as follows :

1. *Introductory.*—A short explanation of the printed rules. The necessity of discipline in Hospital work, and the conduct to be observed in the presence of patients. The rules which govern the student in the Hospital are read by each man before beginning his service, and are appended here.

Rules for Undergraduate Pupils.

1. Each pupil shall, before going on duty, pay to the Chief Clerk the prescribed fee, and will, in return, receive a receipt which will entitle him to reside at the Hospital and receive the regular instruction for the period of two weeks. Students or graduates wishing to remain a longer or a shorter period of time will be allowed to make special contracts, subject to the approval of the Medical Board.

2. Any pupil wishing to leave the Hospital before his allotted term of service has expired, must notify the Director at least forty-eight hours before leaving.

3. Any pupil may be denied the use of the Hospital at the discretion of the Director.

4. All pupils shall be under the direct control of the House Physician.

5. No pupil shall be absent from the Hospital all night, except in the discharge of his duty. Pupils shall board in the neighborhood at their own expense. They shall report to the medical clerk upon going to meals and upon returning.

6. Pupils shall be assigned cases in regular rotation. If the pupil on turn be out in the duty of the Hospital when a case comes in, he shall lose the case, but he shall not lose his turn. If, however, he be absent on his own pleasure, he shall lose both the case and his turn. A case thus transferred goes to the pupil next in the order of rotation.

7. No pupil shall be present at any labor not falling to him in turn, except in the case of operations, and only in such cases as the Director shall permit.

8. Each pupil shall visit twice daily, or oftener if necessary, postpartum cases assigned to him, and also such other cases as the House Physician shall direct. He shall, at these visits, observe the strictest antisepsis, and shall report after each visit the patient's condition to the assistant resident physician on septic and history duty, or in his absence to the medical clerk.

9. All pupils, on returning from a case, shall immediately make the entry of their notes upon the proper blanks provided by the Hospital.

10. No pupil, while in performance of his duties, shall advise or prescribe for any patient who may apply to him.

11. No pupil shall perform any obstetric operation, nor interfere with any malpresentation, nor give an intrauterine douche. If he deem such interference necessary, he shall immediately send to the Hospital for assistance.

12. Pupils shall be furnished by the Hospital with clinical thermometers, tape measures, locker keys, and stethoscopes on receipt of the prescribed deposit. Pupils shall be responsible for the return of these articles in good condition.

13. Pupils, when sending to the Hospital for help, shall in-

variably fill out the blanks provided for that purpose, being particular to note the time and reason for sending.

14. Pupils shall, at the discretion of the Director, be isolated from attending normal cases of labor, to attend any septic case that may arise.

15. No pupil shall receive personal remuneration from a patient under any circumstances.

16. Each pupil shall, before going on duty, deposit with the Chief Clerk the sum of ten dollars as security for the cost of keys, thermometer, tape measure and stethoscope, and as a guarantee that he will serve his full fourteen days. This deposit will be forfeited in case the pupil leaves or is dismissed before the end of his full term of service. Any pupil may be dismissed by the Director, subject to the approval of the Medical Board.

17. Pupils shall serve for a term of two weeks from 9 o'clock in the morning on the date of appointment until 12 o'clock noon on the fifteenth day thereafter, or until they shall have made, reported, and recorded their postportum calls for that day.

18. Each pupil at the termination of his service, provided he shall have performed his duties faithfully, and for the full time of his appointment, to the satisfaction of the Medical Board and of the Governors, may receive from them a certificate thereof.

2. *The Examination of Pregnant Women.*—The methods of examination are taken up and described with the aid of the Pregnancy Sheet, which is printed in connection with the description of the methods of keeping statistics. Students are taught to make observations and to record them systematically. The ordinary symptoms of pregnancy, the suppression of menses, date of quickening, and the methods of calculating the probable date of confinement, are discussed.

3. *The Management of Labor* is described, using the charts as a guide. The methods of diagnosis of presentation and position, particularly by abdominal palpation ; the diagnosis of the existence of laborand the mechanism of normal labor are referred to ; it being, however, supposed that the student has some previous knowledge of this part of the subject.

The division of labor into stages having been explained, the management of each stage is in turn taken up and described. The greater part of the time is used in the explanation of the principles of preserving the perineum from rupture and illustrating these on the phantom. The proper management of the placental stage is minutely described, and, finally, the care of the mother and child subsequent to labor. The manual pressure on the uterus as a guard against postpartum hæmorrhage, the application of the binder, the cleansing of the child's eyes and mouth, and the ordinary methods of establishing respiration, all form a part of the lecture.

4. *The Ordinary Complications* of normal labor are referred to, and the printed sheet used in sending for assistance is shown.

(*a*) Delayed labor, with its causes, in the various stages ;
(*b*) Retained placenta or membranes ;
(*c*) Lacerations of the genital tract ; and
(*d*) Hæmorrhage, are each taken and described.

Excepting in the case of hæmorrhage, treatment is not touched upon, the directions being that the student send at once to the Hospital for assistance. In the case of hæmorrhage, and while waiting for assistance, the use of the douche and the other methods of securing contraction of the uterus are explained.

5. *Postpartum Visits and the Daily Records of Mother and Child.*—The routine treatment and observations to be made at these visits are taken up in connection with the history charts.

6. *Demonstrations of Abnormalities or Operations of the Past Week.*—This forms a very important and constantly varying part of the lecture, and covers, from time to time, almost the whole subject of dystocia and obstetric surgery. On the phantom, versions or forceps operations are repeated, the indications for operating explained, and the technique illustrated. It may be added that at the conclusion of this, the regular lecture, the students are encouraged to ask questions, thus bringing the lecturer more closely in touch with the class.

The Septic Lectures.

On the following day, or as soon after the regular lecture as possible, a lecture is given by the septic attending physician. This lecture is also didactic, and may be summarized as follows :

1. Antisepsis in labor.
   a. Sterilization of the hands and forearms.
   b. Sterilization of the patient.
   c. Sterilization of the dressings and everything which may be brought in contact with the patient.

2. The nature and causes of puerperal fever. The ordinary sources through which a patient may be infected, and the prevention.

3. The classification of puerperal fever.

4. Symptomatology and diagnosis of the various forms.

5. The treatment of puerperal fever.
   a. Use of the douche.
   b. Use of the curette.
   c. Various operations.

6. Fever due to causes other than infection.
   a. From the digestive tract. Care of the bowels and use of cathartics.
   b. Care of the breasts.
   c. Other complications, causing rise in temperature.

7. The necessity of antisepsis during the puerperium. Vulva dressings.

8. The necessity of cleanliness and antisepsis in nursing.
   a. Care of the nipples.
   b. Care of the child's mouth.

9. Abnormalities of the breasts.
   a. Flat or deformed nipples.
   b. Eroded, fissured, and cracked nipples.
   c. Painful distention, and so-called caked breasts.
   d. Mammary abscess.

10. The necessity of antisepsis in dressing the umbilical cord.
    a. Disinfection of the cord, and materials for antiseptic dressings.
    b. Separation of the cord, and dressings for the stump.
    c. Purulent umbilicus : its treatment, and sepsis in the child (fever).
    d. Icterus in the child.

11. The necessity of antisepsis in the care of the child's eyes.
    a. Credé's method of using nitrate of silver.
    b. Frequent washings with boracic acid.
    c. Ophthalmia neonatorum : its causes, symptoms, and treatment.

The regular and septic lectures comprise all the didactic teaching given by the Medical Board. Although the lecture is theoretic, it is based each week mainly upon clinical grounds, having for its prominent subject cases which have actually been seen by the students.

Recitations.

Toward the end of the student's first week of service, a recitation is held by the assistant attending physician on duty. As has already been stated, these recitations are based upon the subjects of the regular and septic lectures. They include, also, questions upon the antepartum work and outdoor work. Even at the risk of needless repetition, a synopsis of the recitation is also made.

1. Antepartum work.
    a. Signs of pregnancy.
    b. Methods of physical examination.
    c. Diagnosis of presentation and position.

2. Labor.
    a. Diagnosis.
    b. Mechanism of vertex cases.
    c. Management of the three stages.

3. Postpartum work.
   a. Dressings and the care of mother.
   b. Visits, temperature, pulse, etc.
   c. Care of child.
4. Complications.
   a. In pregnancy.
   b. In labor.
   c. In the puerperium.
5. Sepsis and antisepsis.

Finally, it will be seen, that although the student is supposed to be familiar with obstetrics to a certain extent, still a large part of the theory is taught by this method ; the lectures and recitations serving as a review, so that, in the practical experience that is acquired by a course in the Hospital, the theoretical part of the subject is kept constantly in mind.

THE INSTRUCTION OF NURSES.

It has seemed to the Medical Board of this Hospital that the system of instruction as carried out in the Nurses' Training Schools, with which we are sufficiently familiar to make it proper for us to judge, was susceptible of improvement in certain particulars. Without assuming to criticise the methods adopted by any school, we believe that the error has been committed of teaching the nurse too much theoretical medicine. Lecturers and classroom instructors in training schools seem to look upon the pupil nurse much as they look upon the medical student. Their lectures and their questions differ little from those adapted to the medical student in the early years of his study. Why should they insist that the nurse, whose knowledge of physiology, anatomy, and materia medica is quite elementary, should learn pathology, symptomatology, and treatment of disease with as much accuracy and in as much detail as the medical student ? Would it not be wiser to teach nurses just enough of the theoretical parts of the subjects upon which they are working to make it possible for them to do their work intelligently.

Moreover, nurses are often forced to do so much arduous manual labor in the course of their daily work, that they are in no condition of mind or body to study during the time when their ward work does not occupy their attention. If, therefore, it is deemed wise to require nurses, in addition to their trying bedside work, to do much of the work of an orderly, they should not also be expected to commit to memory medical facts which are almost unintelligible to them.

It is to be remembered that this Hospital does not maintain a nurses' training school. It simply furnishes obstetric training to the nurses of other hospitals. In so far, however, as it is possible, in this limited field, it has been the aim of the Board to embody its ideas on the subject of nurses' training in the course herein described. It has attempted to limit the theoretical teaching of its nurses, as indicated above, and to make it possible for them to do whatever studying may be necessary, without overtaxing both mind and body. At present the bedside work of the nurses is limited to the indoor service of the Hospital. It is hoped at some future time to utilize the outdoor service as well, but as yet no feasible plan has been devised. The nurses of the Hospital are derived from two sources : the Training Schools of St. Vincent's Hospital in this city and of St. Mary's Hospital in Brooklyn. These nurses come to the Hospital in the latter part of their course of training for a period of three months.

The nursing department of the Hospital is in charge of the Chief Nurse and her Assistant. The Chief Nurse is in absolute control of her department, both as to the disposition of the work among her nurses, and as to matters of discipline, and she is responsible and answerable to the Medical Board only. The course of instruction may be outlined as follows :

1. Theoretical :
   Lectures.
   Classroom recitations.
2. Practical :
   Outdoor Department—Laboratory.

Outdoor Department—Obstetrical examinations.
Indoor Department—Ward work.
Indoor Department—Operating-room.

I. *Lectures.*—This part of the instruction has been deputed by the Medical Board to the Assistant Attending Physicians. The lectures extend over a period of two months, and are delivered weekly by the assistant attending physician on duty.

Outline of Lectures to Nurses.

1. Gross Anatomy and Physiology.

2. Pregnancy, signs : labor, mechanism, presentation, phenomena.

3. Cleanliness, sepsis, bacteriology.
4. Application of cleanliness : methods.
5. Preparation.
6. Care of woman, antepartum and postpartum.
7. Care of child.
8. Emergencies ; relation of nurse to doctor.

LECTURE I.

Gross Anatomy
of Female Pelvis.
Genitalia and pelvis.
False and true.
Brim and outlet.
Bones.

Soft Parts.
Urethra, bladders, ureters, kidneys.
Rectum.
Vagina, uterus, tubes, ovaries.
Vulva, clitoris, meatus, ostium vaginæ.
Anus.
Perineum.
Abdomen.

Gross Physiology
of Female Genitalia.
Puberty and menopause, menstruation.
Ovulation.
Impregnation and development of fœtus.
Parturition, abortion.
Puerperium.
Urinary system ; excretory.
Gastro-intestinal ; alimentary and excretory.

LECTURE II.

Pregnancy.
Signs.
a. Subjective.
b. Objective.
Mechanism.
Signs of beginning labor.
First stage : dilation of cervix.
Character of pains.
Second stage : expulsion of child.
Character of pains.
Third stage : expulsion of placenta.
Presentation.
Vertex.
Breech.
Shoulder.
Prolapse of umbilical cord.
" " Arm and hand.
" " Leg and foot.

LECTURE III.

Cleanliness.
Importance.
Asepsis and antisepsis.
Auto-infection (?) and ex-infection.

Cleanliness.

Origin.

Clothing, skin, catheter, rectum.
Patient's hands, Physician's hands, Nurse's hands.
Bedpans, daily dressings, neighboring erysipelas, pneumonia, sore throat, child's eyes and navel.

Bacteriology.

Staphylococci.
Streptococci.
Gonococci.
Colon bacilli.

Immunity.

LECTURE IV.

Principles and Application

of cleanliness to

(*a*) Instruments and apparatus.
Dressings, vulva pads, bandages, etc.
Bed clothing.
Dress of nurse and physician.

(*b*) Nurse and physician.

Disinfection : hands, nails.
Care of hands.
Vaginal examination.
Use of vaseline.
Method of introducing finger.
External examination.

Methods of securing asepsis in private houses in

(*a*) City, with conveniences.
(*b*) Country, with no conveniences ; old linen, wash boiler.

LECTURE V.

Preparation for labor.

Body.

Attention to bladder, rectum, nervousness, feeding, clothing, baths, flannel drawers, hair braided.

Bed and Room.

Temperature of room, seventy-three degrees or more.
Room cleansed and plain.
Hair mattress preferred.
Narrow bed.
Rubber sheeting, absorbent pad.
Old quilt, sheets in plenty, old blanket, sterilized.
Sheet fastened to foot of bed to grasp.

Preparation of supplies.

Preparation of nurse.

Toward household, doctor, and patient.
Removal of placenta and blood.

LECTURE VI.

Care of Woman.

Antepartum.

Bowels, bladder.
Comfort ; varicosities, pendulous abdomen or breasts, breathing.
Feeding.
Allay nervousness.
Watch for mental changes ; mania, melancholia, headache, blindness, œdema, vomiting, urine.

During Labor.

That patient is not exposed.
Catching cold.
Is clean.

Care of Woman.

Postpartum.

Catheterization.

Urine : relaxation, hæmorrhage.

After pains.

Lactation, feeding.

Pulse, temperature, breathing.

Caked breasts, fissured nipples.

Constipation.

Fever, douches.

Involution and lying in bed

LECTURE VII.

Care of Child.

Washing.

Vernix caseosa.

Oil, soap, sponge, temperature of bath, baby powder, frequency.

Clothing.

Cloth for navel.

Binder, flannel slips, napkins, etc., stockings.

Feeding.

Size of child's stomach, frequency.

Weigh weekly.

Sleep.

Surrounding temperature.

Cry.

Normal injuries during delivery.

Shape of head, cephalhæmatoma.

Discolored face.

Observe :

Genitals, anus, and deformities, cleft palate, hare lip, tongue-tie, talipes.

Care of Child.

Eyes.

Ophthalmia.

Mouth.

Thrush.

Vomiting, colic, diarrhœa, constipation, descent of bowels, worms.

Retention of urine and fæces, incontinence.

Bleeding from the navel, from bowel.

Icterus (no change in urine or fæces or eyes).

Nævi and eruptions, burns and scalds.

Atelectasis.

Swelling of breasts.

Convulsions.

Care of Child.

Icterus (no change in urine or fæces or eyes).

Bruises, sprains, fractures, cuts.

Stings of insects, foreign bodies in eyes, ears, nose, and throat.

Bleeding from nose, earache, fever.

Premature children.

LECTURE VIII.

Emergencies.

Delivery if doctor does not arrive.

Holding back head and delaying labor until arrival of doctor.

Antepartum.

Nephritis, eclampsia, mania, hæmorrhage, placenta prævia.

Abortion or miscarriage.

At Labor.

Operations, perineorraphy, etc.

Hæmorrhage.

Prolapse of cord.

Emergencies.

Postpartum.

Hæmorrhage.

After pains.

Mania.

Caked breasts and abscesses.

Fever.

Sickness of mother or child.

Tact in calling doctor.

Relation of nurse to doctor and to patient and to patient's household.

Classroom Work.—The classroom work is carried on by the chief nurse. She holds recitations weekly upon subjects prescribed by the Medical Board. These subjects have reference to the lectures of the assistant attending physician and to the ward work of the nurses. In the instruction of the nurses, as well as of students, it is the purpose of the Board to confine the attention of their pupils to their practical work as a source of study rather than to text-books.

II. *Outdoor Department.* — (*a*) *Laboratory Work.* — The work under this heading consists in the preparation and care of the material and paraphernalia in use in the outdoor department of the Hospital, and it is the first work to which the nurse is assigned. Two nurses are on duty at the same time in this room, and the term of service is two weeks. Practically all of the work is done during the day hours, so that these nurses are rarely called at night.

The following is an outline of their work in this department :

Postpartum and Labor Bags.—Every case of labor in the outdoor service necessitates the use of a labor bag, and every student in the Hospital uses two postpartum bags daily in making his calls. In addition the staff make use of a considerable number of bags in the course of their work. It is the duty of the nurses to clean and fill these bags after their return from service in the tenements. To facilitate the work, a list of articles which should

be found in each bag is pasted on the inside of the cover. These lists can be found in the portion of this article treating of the subject of practical instruction to students, and a perusal of their contents will convey a better idea of the practical value of this work.

Vulva Dressings.—The nurses are also obliged to prepare, with the aid of helpers, all the dressings in use in the out-patient department. The heavy work of the laboratory, such as cutting the gauze and cotton for the vulva pads, is done by an orderly. These dressings are then inclosed in copper receptacles having perforated caps at both ends, and sterilized.

Instruments.—All instruments in use in this department are cleaned, sterilized, and again prepared for service by the nurses. It will thus be seen that everything having to do with the preparation and care of the material and paraphernalia of the labor and postpartum rooms becomes familiar to the nurse before her admission to the wards and operating-room.

(*b*) *Obstetrical Examinations.*—During their period of service in the laboratory of the outdoor department, the nurses are required to spend as much time as may be necessary daily, except Sunday, in the examining-rooms. They are here under the supervision of the assistant to the chief nurse and one of the assistant attending physicians. They learn the manner of preparing a patient for an antepartum examination, and the manner of conducting the examination easily and with as little annoyance as possible to both patient and physician.

Indoor Department.—*Ward Work.*—Each nurse is on day duty for four consecutive weeks, and on night duty for four weeks. The day nurses relieve the night nurses at seven o'clock in the morning, and are relieved by the night nurses at seven o'clock in the evening.

Briefly rehearsed, the ward work consists in noting pulse and temperature; in performing the necessary daily dressings of breasts and genitals, including the application of the binders to both breasts and abdomen; in administering food and medication; in the bathing and dressing of the infant, and its applica-

tion to the breast ; in noting, for purposes of report, the character of the lochia, the stools and the breast of the mother, and the skin, mouth, umbilicus, eyes, and stools of the child. They are also taught methods of stuping breasts and abdomen, the administration of the vaginal douche, and the use of the catheter in postpartum women. Incidentally, they have considerable practice in keeping obstetric records according to fixed forms.

The nurses are present at rounds in the morning, and hear the clinical teaching of the medical officer in charge of the instruction of the students. In the course of her ward service, a nurse may at any time be isolated for the care of a septic case, or detailed for special service upon some operative case of unusually serious character.

Operating-room Work.—The Hospital at present has no special corps of operating-room nurses, and, therefore, this work is included in the ward service.

The operating-room is in use daily for the purpose of normal deliveries, at which one or more nurses are in constant attendance. Apart from her own work at this time, the nurse hears the instruction given to to the students, and she must necessarily obtain valuable information therefrom. Each labor is the subject of a continual clinical lecture, and quite often these lectures are given by the attending and assistant attending physicians.

In the absence of both the attending physician and his assistant, it is the duty of the house physician, or the member of the staff on ward duty, to give this instruction.

Here she is trained in her duties as an assistant to the accoucheur during normal labor and during operative procedures, and sees constantly the administration of chloroform and ether.

Methods of making vaginal examinations are taught during the first and second stages of labor, so that the nurse is competent to give an intelligent and reliable report of the condition of the cervix and the membranes, and of the position of the presenting part relative to the perineum. She learns also how to "strip" and tie the umbilical cord, and care for the new-born infant, as well as methods of resuscitation of an asphyxiated child. The

manner of holding the uterus through the abdominal wall before and after the expulsion of the placenta is also explained. In short, every procedure which is carried on in the delivery-room becomes thoroughly familiar.

It is also to be remembered that many of the most serious operative cases of the outdoor service are brought to this room for operation, making the operative service unusually large. The rule in such cases is that all the nurses not on duty are summoned to the operating-room to witness major operations. During the course of an operation, the nurses on duty in the operating-room have certain specific duties assigned to them under the charge of the assistant to the chief nurse. By rotating the nurses from one set of duties to another in the operating-room, they become familiar with every phase of the work of preparation and assistance. Each nurse, also, during her ward service, has sole charge of the delivery-room during a certain number of normal deliveries. She thus learns by constant practice the actual performance of the nurse's duties in the lying-in room, both in normal and operative cases ; and, finally, while in charge of the operating-room she assumes the responsibilities of an important position which she must fill afterwards in private practice, while she is still under supervision, and where her errors can be pointed out and remedied.

It would seem that such a course of training, conscientiously administered, would give the nurse a thorough preparation for her obstetric work.

STATISTICS.

The following statistics of the Out-door Department covers a period of six years and three months to April 1, 1896 :

Applications	12,802	
Confinements	10,233	
Living children		9,457
Still births		359
Abortions		417
		10,233

Nativity.

United States	910	Palestine	1
Germany	422	Bohemia	2
Russia	6,885	Wales	1
Poland	257	Arabia	2
Ireland	342	Canada	6
England	123	France	2
Austria	751	Nova Scotia	1
Roumania	138	Finland	2
Hungary	174	Turkey	2
Scotland	10	Australia	1
Holland	4	Sweden	6
Switzerland	9	Armenia	1
Italy	22	Unknown	159
Egypt	1		
Isle of Jersey	1	Total	10,233

Civil Condition.

Married	10,182
Single	8
Widowed	12
Unknown	31
Total	10,233

Age.

15–20 years	943	40–45 years	104
20–25 "	3,670	45–50 "	13
25–30 "	3,088	50–55 "	1
30–35 "	1,485	Unknown	98
35–40 "	821		
		Total	10,233

The following statistical tables concern the patients treated during the past year. They are printed here for the first time. Those concerning the pecuniary and social status of the patients have been compiled only during the last quarter.

STATUS OF PATIENTS.

JUNE 19, 1897, TO OCTOBER 1, 1897.

Number of cases in the Out-door Department	873
" " questioned	694
" " not questioned ("Emergency Cases")	179

Character of tenement, and the various floors occupied by the patients :

Front house in	660 cases	—95.1%
Rear "	34 "	— 9.4%
	694	

34	patients	living	in	basements.	
89	"	"	on	ground floor.	
126	"	"	"	1st "	
163	"	"	"	2d "	
115	"	"	"	3d "	
43	"	"	"	4th "	
124	"	"	"	top "	—17.8%

Rent per month paid by patients in 524 cases is as follows :

$3.00	per month	in	5 cases.
$4.00	"	"	5 "
$5.00	"	"	16 "
$6.00	"	"	54 "
$7.00	"	"	112 "
$8.00	"	"	104 "
$9.00	"	"	59 "
$10.00	"	"	61 "
$11.00	"	"	31 "
$12.00	"	"	34 "
$13.00	"	"	19 "
$14.00	"	"	9 "
$15.00	"	"	6 "
Over $15.00	per month	in	9 "
No rent—Janitress		in	5 "
" —Servant		in house	1 case.
Living with relatives, husbands unemployed			5 cases.

In the 9 cases where rent paid amounts to over $15.00 per month, in 5 cases the patients kept little shops—in 4 cases lived in apartments.

Occupations of husbands in 512 cases are as follows :

Baker	1	Machinist	1
Bartender	1	Musician	2
Barber	6	Metal-worker	2
Bill-poster	1	News-dealer	1
Bookbinder	4	Paper boxes	4
Bottler	2	Porter	10
Butcher	1	Photographer	2
Boiler-maker	3	Plumber and gasfitter	3
Blacksmith	3	Painter	23
Carpenter	8	Printer	3
Clerk	5	Peddler	48
Carriage-trimmer	1	Shoe-maker	25
Cane-maker	1	Street-sweeper	1
Cigar-maker	10	Stove repairer	1
Driver	18	Tailer	236
Drummer	2	Teacher	1
Glazier	5	Upholsterer	1
Jeweler	2	Umbrella-maker	1
Janitor	1	Waiter	4
Laborer	25	No trade	53

In 408 cases the salaries of the bread-winners are as follows :

Number receiving		$2.00	per week	5
"	"	$3.00	"	14
"	"	$4.00	"	20
"	"	$5.00	"	45
"	"	$6.00	"	59
"	"	$7.00	"	109
"	"	$8.00	"	54
"	"	$9.00	"	30
"	"	$10.00	"	44
"	"	$11.00	"	3
"	"	$12.00	"	17

Number receiving $13.00 per week 1
" " $14.00 " 3
" " $15.00 " 2
" " over $15.00 per week..... 2

In 540 cases, 346 were employed—64%.

In 540 cases 194 were unemployed—35.92%.

Of the 194 cases unemployed—

2	were unemployed for	.....	¼ mo.
5	" "	.....	½ "
8	" "	.....	¾ "
13	" "	.....	1 "
12	" "	.....	1½ mos.
33	" "	.....	2 "
11	" "	.....	2½ "
24	" "	.....	3 "
3	" "	.....	3½ "
10	" "	.....	4 "
2	" "	.....	4½ "
6	" "	.....	5 "
1	" "	.....	5½ "
32	" "	.....	6 "
32	" "	.....	unknown period.

Husbands deceased in..... 2 cases.
" deserted in..... 5 cases.
Husband in hospital..... 1 case.

Age of the oldest child in 648 cases was as follows :

1	year old	.....	41	11	years old	.....	22
2	years old	.....	48	12	" "	.....	22
3	" "	.....	37	13	" "	.....	30
4	" "	.....	39	14	" "	.....	25
5	" "	.....	40	15	" "	.....	20
6	" "	.....	38	16	" "	.....	17
7	" "	.....	46	17	" "	.....	23
8	" "	.....	16	18	" "	.....	9
9	" "	.....	24	19	" "	.....	6
10	" "	.....	33	20	" "	.....	7

105 of the patients were primiparæ (*i. e.*, giving birth to their first child).

Number of children who have arrived at the "working" age (namely 14 years), equals 16.5%.

Number of Cases in the In-Door Department	190
" " questioned	140
" " not questioned	50

Character of tenement and the various floors occupied by patients :

Front house	125	89.3%
Rear "	15	10.7%
Patients living in basement	7	
" " on ground floor	19	
" " " 1st "	31	
" " " 2d "	31	
" " " 3d "	20	
" " " 4th "	6	
" " " top "	26	18.5%
	140	

Rent paid per month by patients in 54 cases as follows :

$3.00 per month in	3 cases.
$4.00 " "	5 "
$5.00 " "	3 "
$6.00 " "	5 "
$7.00 " "	4 "
$8.00 " "	14 "
$9.00 " "	2 "
$10.00 " "	4 "
$11.00 " "	1 "
$12.00 " "	6 "
$14.00 " "	2 "
$15.00 " "	3 "
Over $15.00 per month in	2 "
	54

Free rent as Janitress in ..... 5 cases.
No rent—living with relatives ..... 7 "
" —servant in house ..... 2 "

In the 2 cases where the rent amounts to over $15.00 per month, one keeps a small shop, one a small house in the country.

Occupations of husbands in 59 cases as follows :

Actor	2	Grocer	1
Baker	2	Lawyer	1
Barber	1	Laborer	2
Bicycle tires	1	Machinist	2
Bookkeeper	1	Musician	1
Butcher	1	Metal-worker	1
Carpenter	18	Porter	2
Clerk	3	Peddler	5
Collector	2	Shoemaker	2
Cook	1	Switchman	1
Cigar-maker	1	Tailor	1
Driver	7	Waiter	7
Drummer	1		
Glazier	2		59

In 72 cases the number of wage-earners unemployed 41
" " " " employed 31

Of the 41 unemployed 2 were unemployed for ..... $\frac{1}{2}$ mo.
1 " " " ..... $\frac{3}{4}$ "
2 " " " ..... 1 "
1 " " " ..... $1\frac{1}{2}$ mos.
5 " " " ..... 2 "
1 " " " ..... $2\frac{1}{2}$ "
5 " " " ..... 3 "
4 " " " ..... 4 "
2 " " " ..... $4\frac{1}{2}$ "
2 " " " ..... 5 "
12 " " " ..... 6 "
4 length of time unemployed unknown.

41

In 42 cases salaries of husbands as follows :

$3.00 per week in	1	case.
$4.00 " "	2	cases.
$5.00 " "	3	"
$6.00 " "	6	"
$7.00 " "	1	case.
$8.00 " "	5	cases.
$9.00 " "	4	"
$10.00 " "	11	"
$12.00 " "	3	"
$13.00 " "	3	"
Over $15.00 per week in	3	"
	42	

Age of the oldest child in 199 cases is as follows :

1 year old	4	11 years old	1
2 years old	8	12 " "	2
3 " "	6	13 " "	4
4 " "	2	14 " "	8
5 " "	8	15 " "	2
6 " "	2	16 " "	2
7 " "	3	17 " "	2
8 " "	2	19 " "	2
9 " "	1	20 " "	4
10 " "	2		

134 cases were primiparæ (*i. e.*, delivered of first child).

Number of children having reached the "working" age (namely 14 years), equals 10.05%.

CHARTER OF THE SOCIETY OF THE LYING-IN HOSPITAL.

AN ACT to incorporate the Society of the Lying-in Hospital of the City of New York.

Passed March 1, 1799, chapter xxiii., Laws of 1799.
Amended May 17, 1897, chapter 468, Laws of 1897.

WHEREAS, THOMAS PEARSALL, JOHN CHRISTOPHER KUNZE, ROBERT LENOX, CORNELIUS RAY, ARCHIBALD GRACIE, JOHN STARK ROBERTSON, HENRY REMSEN, WILLIAM HOUSTOUN, ANDREW HAMERSLEY, JOHN CHARLTON, DAVID M. CLARKSON, WILLIAM JAUNCEY, J. C. VANDEN HEUVEL and others, influenced by principles of benevolence and charity, associated as an institution under the style of The Society of the Lying-in Hospital of the City of New York, for the useful purpose of establishing an asylum for the reception of women in a state of pregnancy who are unable to procure the necessary medical assistance and nursing during the period of their confinement in child-bed, by their petition presented to the Legislature, have prayed to be incorporated, the better to enable them to carry into effect the salutary object of their institution ; therefore,

Be it enacted by the People of the State of New York, represented in Senate and Assembly, That all such persons as now are, or hereafter shall be, members of the said institution, shall be and hereby are ordained, constituted and declared forever a body corporate and politic, in fact and in name, by the name of "The Society of the Lying-in Hospital of the City of New York," and by that name they and their successors shall and may have continuous succession, and shall be persons in law capable of suing and being sued, pleading and being impleaded, answering and being answered unto, defending and being defended, in all courts and places whatsoever, in all manner of actions, suits,

complaints, matters and cases whatsoever ; and that they and their successors may have a common seal, and may change and alter the same at their pleasure ; and also that they and their successors, by the name of "The Society of the Lying-in Hospital of the City of New York," shall be in law capable of purchasing, receiving, holding and conveying any estate, real or personal, for the use of the said corporation. Provided that the lands, tenements and hereditaments, which it shall be lawful for the said corporation to hold, shall be only such as shall be requisite for the purpose of erecting a public building, and such houses or other buildings as may be suitable and necessary to the nature of the said institution, or such as shall have been *bona fide* mortgaged to it by the way of security, or conveyed to it in satisfaction of debts previously contracted in the course of its business or purchased at sales on judgment, which shall have been obtained for such debts ; and with regard to all such lands, tenements and hereditaments so to be held by the said corporation as aforesaid, except such as may be for its immediate accommodation as aforesaid, or such as it may hold by way of mortgage and whereof the actual possession shall be and remain in the mortgagors, their heirs or assigns, the said corporation shall be bound to sell and dispose of the same respectively within five years after it shall acquire the same, and shall not be capable of holding the same after the expiration of the said five years.

And be it further enacted, that all persons who now are members of the said institution, or shall at any time hereafter subscribe to the same, shall be deemed and taken for members of this corporation, provided such subscription is received by the Society and such subscribers are elected members of the said Society by the Board of Governors thereof, in such manner as shall be provided by the by-laws of the said Society, and that the property and concerns of the said corporation shall be managed and conducted by thirteen governors, to be chosen by ballot, by a majority of the governors, from the said subscribers ; that the following persons (that is to say), Thomas Pearsall, John Chris-

topher Kunze, Robert Lenox, Cornelius Ray, Archibald Gracie, John Stark Robertson, Henry Remsen, William Houstoun, Andrew Hamersley, John Charlton, David M. Clarkson, William Jauncey, J. C. Vanden Heuvel, shall be the present governors of the said corporation and shall continue in office until the second Wednesday in April, in the year one thousand eight hundred, when a new election shall be made at the hour and place to be appointed by the said governors ; that the election for governors after the year one thousand eight hundred shall be held annually on the second Wednesday in April, at such place and hour as the majority of the governors for the time being shall appoint, of which election public notice shall be given by the said governors for the space of one week, in two of the daily newspapers printed in the said city ; that if any vacancy shall happen among the said governors (so elected) by death, resignation or removal, such vacancy shall be filled by a special election for the purpose, to be held in the same manner as the annual elections are made, and at such time and place as shall be provided for by the by-laws of the said corporation, and in case it should happen that an election of governors should not be held on any day, when pursuant to this act it ought to have been made, the Corporation shall not for that cause be deemed to be dissolved; but it shall and may be lawful, on any other day, to hold an election of governors in such manner as the by-laws of the said corporation shall prescribe.

And be it further enacted, that the governors shall not take or receive any compensation for their services ; and for the time being shall have power to make and prescribe such by-laws, rules and regulations as to them shall appear needful and proper, touching the management and disposition of the stock, property, estate and effects of the said corporation, and touching the duties and conduct of the officers of the said corporation, and touching all other matters as appertain to the business ends and purposes for which the said corporation is by this act instituted ; and shall also have power to appoint an apothecary, house-pupils, matron, steward, nurses and servants for carrying on the business of the said institution.

Provided, that for the appropriation or disposal of any of the capital stock, a number not less than seven shall constitute a quorum, of which number the president, or in his absence the vice-president of the Board, to be appointed in virtue of this act shall be one.

Provided, also, that such by-laws, rules and regulations shall not be repugnant to the constitution and laws of the United States, or of this state.

And be it further enacted, that the governors at their first meeting, and also at their first meeting in every year next after the said annual election on the second Wednesday in April, shall elect by ballot from their number a president, vice-president, treasurer and a secretary, and that the officers thus elected shall immediately enter upon their respective offices, and hold the same until the next election of governors, and it shall be the duty of the president or vice-president to preside at all meetings of the governors.

And be it further enacted, that the governors of the said society, or a majority of them, shall immediately after the annual meeting of the society in each year, elect by ballot such and so many physicians and surgeons as they shall judge necessary to attend the said hospital, and to render all necessary medical aid to the persons admitted to the benefit of this institution, and in case of a vacancy or vacancies, to elect other physicians or surgeons in their places.

And be it further enacted, that this act shall be and hereby is declared a public act, and shall be construed in all courts and places benignly and favorably for every beneficial purpose herein intended.

GOVERNORS AND OFFICERS

—OF THE—

SOCIETY OF THE LYING-IN HOSPITAL,

From its Organization, 1799.

GOVERNORS.

Elected.		Retired.
1799	Robert Lenox	1835
1799	Cornelius Ray	1824
1799	Archibald Gracie	1824
1799	Henry Remsen	1835
1799	John Thompson	1799
1799	John Stark Robertson	1800
1799	Robert Bowne	1799
1799	Matthew Clarkson	1822
1799	Thomas Pearsall	1807
1799	Rev. John Christopher Kunze	1807
1799	William Houstoun	1811
1799	Andrew Hamersley	Dead
1799	William Bayard	"
1799	John Charlton	"
1799	David M. Clarkson	1814
1799	William Jauncey	Dead
1799	J. C. Vanden Heuvel	"
1802	Frederick De Peyster	1829
18—	Dr. George Anthon	1821
18—	Dr. David Hosack	1835
18—	Andrew Morris	1816
18—	Rev. Abraham Beach, D. D.	1813
18—	Charles L. Cammann	1806
18—	Jacob Le Roy	1807

Elected.		Retired.
1808	Thomas C. Pearsall	1813
1808	De Witt Clinton	1816
1813	Peter P. Goelet	1824
1813	Charles Wilkes	1832
1813	Peter Augustus Jay	1822
1813	Jacob Sherred	Dead
1821	John Hone	1832
1821	Lynde Catlin	1832
1821	Charles McEvers	1835
1821	Abijah Hammond	1822
1822	Nathaniel Prime	1835
1822	John Watts	1830
1829	William Bard	1837
1829	James Pendleton, M. D.	1832
1829	Philip Hone	1847
1831	Elisha Tibbits	1835
1831	John S. Crary	1835
1831	Dennis McCarthy	1835
1834	George Jones	1835
1834	Robert Ray	1879
1834	Lewis C. Hamersley	1835
1834	Isaac S. Hone	1835
1845	Benjamin F. Butler	1858
1845	William F. Mott	1866
1845	Alexander E. Hosack, M. D.	1869
1845	Thomas W. Ludlow	1847
1845	Joseph B. Collins	1867
1845	Theodore Sedgwick	1855
1845	James G. King	1847
1845	Robert B. Minturn, Sr.	1866
1845	William Birdsall	1855
1845	Joshua S. Underhill	1857
1845	John Jay	1846
1846	George Wilkes	1847
1854	George T. Trimble	1872
1854	Apollos R. Wetmore	1881

Elected.		Retired.
1854	Thomas B. Stillman	1866
1854	Benjamin R. Winthrop	1879
1854	Stewart Brown	1880
1861	Jacob Harsen	1862
1861	Benjamin D. Silliman	1890
1861	John C. Green	1875
1863	Andrew Warner	1892
1866	James Lenox	1880
1866	William H. Aspinwall	1869
1866	Robert B. Minturn	1880
1868	Robert Lenox Kennedy	1887
1868	Joseph W. Patterson	1881
1869	Egerton Leigh Winthrop	
1873	Legrand B. Cannon	1874
1874	Albert M. Patterson	1892
1879	George G. Williams	
1880	Frederic Bronson	
1880	Charles E. Tracy	1896
1880	Robert Lenox Belknap	1896
1880	John A. Weekes	1894
1881	William A. Duer	
1882	Robert Ray Hamilton	1890
1888	Henry V. R. Kennedy	1891
1890	Frederic W. Stevens	1892
1890	Edmund L. Baylies	
1891	William T. Lawrence	1892
1892	Egerton L. Winthrop, Jr.	
1892	Frederic Delano Weekes	
1893	Henry A. C. Taylor	
1893	George B. McClellan	1895
1894	Francis S. Bangs	
1895	Edward W. Lambert, M. D.	
1895	Thomas Newbold	
1896	William Greenough	
1897	W. Pierson Hamilton	

Presidents.

Elected.		Retired.
1799	Thomas Pearsall	1807
1808	Cornelius Ray	1826
1829	Robert Lenox	1835
1845	William Bard	1854
1854	Benjamin F. Butler	1858
1861	George T. Trimble	1872
1872	Robert Ray	1879
1880	Apollos R. Wetmore	1881
1881	Benjamin D. Silliman	1890
1891	Egerton L. Winthrop	1892
1892	John A. Weekes	1894
1894	William A. Duer	

Vice-Presidents.

Elected.		Retired.
1799	Rev. John Christopher Kunze	1807
1808	Samuel Osgood	1812
1813	Dr. George Anton	1821
1821	Robert Lenox	1829
1829	Henry Remsen	1831
1854	Theodore Sedgwick	1855
1861	Robert B. Minturn, Sr.	1866
1866	Robert Ray	1872
1872	James Lenox	1879
1879	Apollos R. Wetmore	1880
1880	Benjamin D. Silliman	1881
1881	Robert Lenox Kennedy	1887
1887	Egerton L. Winthrop	1891
1891	John A. Weekes	1892
1892	William A. Duer	1894
1894	George G. Williams	

Treasurers.

Elected.		Retired.
1802	Frederick De Peyster	1829
1829	Charles Wilkes	1833

Elected.		Retired.
1833	William Bard	1845
1845	Joseph B. Collins	1862
1862	Benjamin R. Winthrop	1872
1872	Joseph W. Patterson	1881
1882	Andrew Warner	1892
1892	Robert L. Belknap	1896
1896	Francis S. Bangs	1897
1897	Frederic Bronson	

SECRETARIES.

Elected.		Retired.
1799	William Houstoun	1811
1813	Peter Augustus Jay	1822
1822	Lynde Catlin	1829
1829	William Bard	1833
1833	John S. Crary	1845
1845	Alexander E. Hosack, M. D.	1854
1854	Joshua S. Underhill	1857
1858	Benjamin R. Winthrop	1863
1863	Andrew Warner	1892
1892	Robert L. Belknap	1893
1893	F. Delano Weekes	

PHYSICIANS.

Elected.		Retired.
1799	David Hosack	1822
1799	John R. B. Rodgers	1809
1799	William Moore	1822
1799	Wright Post	1822
1805	Andrew Hamersley	1813
1805	Samuel L. Mitchell	1807
1808	Edward Miller	1811
1813	Richard S. Kissam	Dead
1823	John W. Francis	"
1829	James Pendleton	"
1829	Alexander E. Hosack	1845

Elected.		Retired.
1829	George Wilkes	1845
1832	Fayette Cooper	Dead
1892	James W. Markoe	
1892	Samuel W. Lambert	
1892	H. McM. Painter	
1892	J. Clifton Edgar	
1892	Austin Flint, Jr.	

MEMBERS OF THE SOCIETY,

With the Dates of their Election.

A.

Name.	When Elected.
James W. Alexander	1893
John Jacob Astor	1894
William Waldorf Astor	1894

B.

Frederic Bronson	1880
Waldron Phoenix Belknap	1881
Edmund L. Baylies	1890
James William Beekman	1892
William Allen Butler, Jr.	1892
Francis S. Bangs	1892
Robert Lenox Banks	1893
Robert Bacon	1896
Samuel P. Blagden	1897

C.

Legrand B. Cannon	1873
N. W. Stuyvesant Catlin	1879
Romulus R. Colgate	1896

D.

Henry Dudley	1873
William A. Duer	1880
Francis O. De Luze	1892
John H. Davis	1896

F.

George W. Folsom	1873
George R. Fearing	1892

G.

Name.	When Elected.
James King Gracie	1879
William Greenough	1880

H.

Hamilton L. Hoppin	1896
W. Pierson Hamilton	1897

I.

Adrian Iselin, Jr.	1892

K.

H. Van Rensselaer Kennedy	1888
Frederick Gore King	1879
Frank B. Keech	1896
S. Nicholson Kane	1897

L.

Lewis Cass Ledyard	1892
Edward W. Lambert, M. D.	1895

M.

George B. McClellan	1893
Charles H. Marshall	1873
J. Pierpont Morgan	1894
Alexander Maitland	1877
William Bard McVickar	1887

N.

Adam Norrie	1873
Gordon Norrie	1877
Thomas Newbold	1893
John McL. Nash	1892

O.

Oswald Ottendorfer	1894

P.

Trenor L. Park	1896

R.

Name.	When Elected.
James R. Roosevelt	1892

S.

Benjamin D. Silliman	1861
Frederic W. Stevens	1890
Philip J. Sands	1892
W. Watts Sherman	1892
F. Augustus Schermerhorn	1894
Jacob H. Schiff	1895

T.

Henry A. C. Taylor	1892

V.

Cornelius Vanderbilt	1894

W.

Egerton L. Winthrop	1869
Andrew Warner	1863
George G. Williams	1874
John A. Weekes	1880
Egerton L. Winthrop, Jr.	1887
Frederic Bronson Winthrop	1887
F. Delano Weekes	1888
Miss Grace Wilkes	1894
George Peabody Wetmore	1892
Mrs. Anna Woerishoffer	1894
Robert Dudley Winthrop	1895

DECEASED MEMBERS OF THE SOCIETY,

With the Dates of their Election.

A.

Name.	When Elected.
Dr. George Anthon	1821
William H. Aspinwall	1866
Edgar S. Auchincloss	1880
Alexander McL. Agnew	1878

B.

Robert Bowne	1799
William Bayard	1799
Rev. Abraham Beach, D. D.	
William Bard	1829
Benjamin F. Butler	1845
William Birdsall	1845
Stewart Brown	1854
Robert Lenox Belknap	1880
Robert Lenox Belknap, Jr.	1881
William H. Brown	1866

C.

Matthew Clarkson	1779
John Charlton	1799
David M. Clarkson	1799
Charles L. Cammann	
De Witt Clinton	1808
Lynde Catlin	1821
John S. Crary	1831
Joseph B. Collins	1845
J. Winthrop Chanler	1877
H. Le Grand Cannon	1893

D.

Name.	When Elected.
Frederick De Peyster	1802

G.

Archibald Gracie	1799
Peter P. Goelet	1813
John C. Green	1861
George Griswold	1866

H.

William Houstoun	1799
Andrew Hamersley	1799
David Hosack, M. D.	1821
John Hone	1821
Abijah Hammond	1829
Philip Hone	1834
Lewis C. Hammersley	1834
Isaac S. Hone	1845
Alexander E. Hosack, M. D.	1861
Jacob Harsen	1882
Robert Ray Hamilton	

J.

William Jauncey	1799
Peter Augustus Jay	1813
George Jones	1834
John Jay	1845

K.

Rev. John Christopher Kunze	1799
James G. King	1845
Robert Lenox Kennedy	1868
A. Gracie King	1879

L.

Robert Lenox	1799
Thomas W. Ludlow	1845

Name.	When Elected.
James Lenox	1866
Jacob Leroy	
William T. Lawrence	1891
James G. K. Lawrence	1892
P. Van Zandt Lane	1888
M.	
Andrew Morris	
Charles McEvers	1821
Dennis McCarthy	1831
William F. Mott	1845
Robert B. Minturn	1845
Robert B. Minturn, Jr.	1866
John W. Minturn	1866
George Henry Moore	1873
Dr. William S. Mayo	1877
George E. Moore, M. D.	1878
N.	
William H. Neilson	1866
P.	
Thomas Pearsall	1799
Thomas C. Pearsall	1808
Nathaniel Prime	1822
James Pendleton, M. D.	1829
Joseph W. Patterson	1868
Albert M. Patterson	1874
R.	
Cornelius Ray	1799
Henry Remsen	1799
John Stark Robertson	1799
Robert Ray	1834
S.	
Jacob Sherred	1813
Theodore Sedgwick	1845

Name.	When Elected.
Thomas B. Stillman	1854
Oliver S. Strong	1866
T.	
John Thompson	1799
Elisha Tibbitts	1835
George T. Trimble	1854
Charles E. Tracy	1880
U.	
Joshua S. Underhill	1845
V.	
J. C. Vanden Heuvel	1799
W.	
Charles Wilkes	1813
John Watts	1822
George Wilkes	1846
Benjamin R. Winthrop	1854
Apollos R. Wetmore	1854



STUDENTS' DORMITORY.



SURGEONS' ROOM.



STERILIZING ROOM.



OPERATING ROOM.



WARD D.



STUDENTS' HISTORY ROOM.



LIBRARY AND MEDICAL BOARD ROOM.



STAFF DINING ROOM



PATIENTS' BATH ROOM.



NURSES' LABORATORY.



EXAMINING ROOMS.



MAIN OFFICE.



SUB-STATION No. 314 BROOME STREET.

The beneficial object of the Society of the Lying-in Hospital is the relief and care, free of charge, of destitute women unable to procure necessary medical assistance and nursing during the period of their confinement.

Five Thousand Dollars endows a bed in perpetuity.

Three Thousand Dollars endows a bed during one life.

Two Hundred and Fifty Dollars endows a bed during one year.

FORM OF BEQUEST.

I give and bequeath to the SOCIETY OF THE LYING-IN HOSPITAL OF THE CITY OF NEW YORK, incorporated by the Legislature of the State of New York in the year 1799, the sum of..... Dollars, to be applied to the use and benefit of the said Society, under the direction of the Governors thereof.

THE SOCIETY

OF THE

LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

ANNUAL REPORT.

ONE HUNDREDTH YEAR.

FROM OCTOBER 1ST, 1897, TO SEPTEMBER 30TH, 1898.

1898.

PRINTED BY ORDER OF THE BOARD OF GOVERNORS.



"THE CITY HOTEL," BROADWAY, NEAR TRINITY CHURCH,

Where the First Meeting of the Subscribers to the Lying-In Hospital was Held, December 6, 1798.

(From an Old Print in Possession of the New York Historical Society.)

Fac-simile of original appeal and signatures of subscribers.

The object of this Institution is to afford an asylum to women in a State of pregnancy who are destitute of the means of support and who are unable to procure the necessary medical assistance of nursing during the period of their confinement

at all times there are persons of this description, but as the poor have been more especially the subjects of the late calamity in this city the number will be considerably increased, many women have been bereft of their husbands and thereby rendered wretched under the accumulated evils of Grief and Poverty.

New York does not afford any provision for this class of the poor to whom the hand of charity ought in an especial manner to be

Directed. and we trust our fellow citizens will generally contribute to this important establishment. by which many lives both of women & their children may be preserved to society that must otherwise be lost to perish

When a sufficient subscription shall be obtained to defray the expences of the above institution a meeting of the subscribers will be called for the purpose of appointing as many Governors or Directors as shall be deemed necessary.

New York October 1798.

50 dollars

Gulian Verplanck × fifty Dollars

Edward Gould × fifty Dollars

Arch. Gracie × fifty Dollars

~~Wm. Bayard~~ × ~~fifty Dollars~~

M. Clarkson × fifty Dollars

John Charlton × fifty Dollars

~~J. C. Delafield~~ × ~~fifty Dollars~~

D. Church × fifty Dollars

A. Hamilton × fifty Dollars

S & J. Clarkson × fifty Dollars

D. Lagge - - - fifty Dollars

Wm. Jauncy × - - - fifty Dollars

Rob[t] Bird × fifty Dollars

~~Gov. Governeur~~ × fifty Dollars

Herman LeRoy × fifty Dollars

F. S. Robertson X Thirty Dollars

Horatio Gates X Thirty Dollars

Jam: Stuart X Thirty Dollars

Nath[l] Gendalton X thirty dollars.

Edmd Kamersley X —— Thirty Dollars

Wm[m] Kenyon —X—— Thirty dollars

Governeur X—— Thirty Dollars

John Rogers X—— Thirty Dollars

Josp[h] C. Kuntze X Thirty Dollars.

Jom[n]: Ray X —— Thirty Dollars—

Thomas Maule X— Thirty Dollars

William Ogden X Thirty Dollars.

Benj[n] W Rogers X Thirty Dollars—

Peter J[y] Monro X Thirty Dollars.

20 dollars.

Thomas White Twenty Dollars

[illegible] Twenty Dollars

J. Lu d. Macomb Twenty Dollars

John Bard Junr. X Twenty Dollars

Stephen Dillon [illegible] X Twenty Dolls

John Wilkes X Twenty Dollars

[illegible] Twenty dollars

Wm & Jno Henry X Thirty D.

[illegible] X Twenty Do

Wm Weston X Twenty Dollars

Rd Wilkes X Twenty dollars

Henry Rumsm X Twenty Dollars

Wm Cowman X Twenty Dollars

[illegible] X Twenty Dollars

[illegible] X Twenty Dollars

James Cummings X Twenty Dolls

50 dollars

Thomas Buchanan X Fifty Dollars

Robt B Norton X Fifty Dollars

Isaac Gilbert X Fifty Dollars

Stewart Jones X Fifty Dollars

Daniel M'Cormick X Fifty Dollars

Wm Constable X Fifty Dollars

Thomas Barfoot X Fifty Dollars

Henry Rutgers X Fifty Dollars

Brockholst Livingston X Fifty dollars

Robt Kennedy X Fifty Dollars

Alex Macomb X Fifty Dollars

Gouverneur Morris X Fifty Dollars

John Norton X Fifty Dollars

S. L. Clarkson 20 dollars.

John Stone X Twenty Dollars

Geo. Knox X Thirty Dollars.

Sam[l] Bradford X twenty Dollars

Hay Stevenson X twenty Dollars

Joseph Starkey X twenty D[s]

Hon[n] R Walton X Twenty Dollars

Jon[a] Bunnell X Twenty Dollars.

Lynde Catlin X Twenty Dollars

Capt. Cornelius X Twenty Dollars

Geo. Cain X Twenty Dollars

Samuel Hicks X Twenty Doll[s]

John Thomson № 703 Pearl Street
× Twenty Dollars —
N. W. Paine × Twenty Dollars
O. D. Jones × Twenty Dollars.
P. Brasher Twenty Dollars
David Clarkson × ~~twenty~~ Do
Philips Hark × Forty Dollars —
James Morris × Twenty Dollars
Wm Gracelown × Twenty dollars
Chas T. Hartin × Twenty Dollars
Rob Cox × Thirty five dollars
John Speyer Twenty Dollars
Christian Bach × Twenty Dollars

Wm Holmes Twenty Dollars
Wm Timmen
Jacob Morton X Twenty Dollars
Fellman Clarkson X Twenty five Dollars
Wm S Jones X Twenty Dollars
Martin Wilson X Twenty Dollars
Whitehead Lish X Twenty dollars
Julian Mears X Twenty Dollars
~~Benj H. X Twenty Dollars~~
Sam Boyd X Twenty dollars
Dennis Clinton X Thirty dollars
Eph Hart X Twenty Dollars
Henry Ruger X Thirty Dollars

50 Dollar List

John R Livingston X Fifty Dollars
Robt R Livingston X Fifty Dollars
John Stevens X fifty Dollars
Samuel Osgood X fifty Dollars.
Copy Phillips corner of Pine Street X fifty Dollars.
Dan Ludlow X Fifty Dollars
Wm F. Jo Rayster X Fifty Dollars
Robt Bowne X Fifty Dollars
Joaquim Monteiro X Fifty Dollars.

THE SOCIETY

OF THE

LYING-IN HOSPITAL

OF THE

CITY OF NEW YORK.

ANNUAL REPORT.

ONE HUNDREDTH YEAR.

FROM OCTOBER 1ST, 1897, TO SEPTEMBER 30TH, 1898.

1898.

PRINTED BY ORDER OF THE BOARD OF GOVERNORS.

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SOCIETY OF THE LYING-IN HOSPITAL
OF THE CITY OF NEW YORK.

OFFICERS.

President . . .	William A. Duer, No. 115 Broadway.
Vice-President .	George G. Williams, Chemical Nat'l Bank.
Treasurer . . .	Frederic Bronson, No. 74 Wall St.
Secretary . .	F. Delano Weekes, No. 58 Wall St.

BOARD OF GOVERNORS.

Egerton L. Winthrop,
Frederic Bronson,
William A. Duer,
Edmund L. Baylies,
Egerton L. Winthrop, Jr.,
Thomas Newbold,
George G. Williams,
Trenor L. Park,
F. Delano Weekes,
Henry A. C. Taylor,
Francis S. Bangs,
Edward W. Lambert, M. D.,
W. Pierson Hamilton.

COMMITTEES.

Executive.

William A. Duer, *Chairman.*

Edmund L. Baylies, Frederic Bronson,
Edward W. Lambert, M. D., F. Delano Weekes, *Secretary.*

Nominating.

Thomas Newbold, W. Pierson Hamilton,
Egerton L. Winthrop, Jr.

Finance.

Francis S. Bangs, Henry A. C. Taylor,
George G. Williams.



"TONTINE COFFEE HOUSE," CORNER OF WALL AND WATER STREETS,

Where the Constitution of the Lying-In Hospital was Adopted, December 24, 1798.

(From an Old Print in Possession of the New York Historical Society.)

MEDICAL BOARD.

Consulting Physicians

Edward W. Lambert, M. D. Thos. M. Markoe, M. D.
Wm. M. Polk, M. D.

Attending Physicians.

James W. Markoe, M. D. Samuel W. Lambert, M. D.
H. McM. Painter, M. D. J. Clifton Edgar, M. D.
Austin Flint, Jr., M. D.

Helen F. Nugent,
Recording Secretary of the Medical Board.

ASSISTANT ATTENDING PHYSICIANS.

Asa B. Davis, M. D. — Churchill Carmalt, M. D.
George R. White, M. D. — R. E. Brown, M. D.
G. L. Brodhead, M. D.

HOUSE STAFF.

House Physician.

William H. Spiller, M. D.

Assistant Resident Physicians.

Frank D. Kimball, M. D. — Charles S. Goodwin, M. D.
A. T. Gaillard, M. D. — William A. Morgan, M. D.
Thompson Sweeny, M. D. — Arthur B. Cavanagh, M. D.
Edmund Stevens, M. D.

SPECIAL MEDICAL DEPARTMENTS.

Orthopædic Surgeon . . .	T. Halsted Myers, M. D.
Neurologist	C. A. Herter, M. D.
Ophthalmologist	J. L. Adams, M. D.
Dermatologist	James C. Johnston, M. D.
Embryologist	George S. Huntington, M. D.
Pathologist	Farquhar Ferguson, M. D.
Bacteriologist	Martha Wollstein, M. D.
Registrar	Asa B. Davis, M. D.
Curator	Martha Wollstein, M. D.

Chief Nurse.

Miss C. L. Burdett.

Chief Clerk.

Charles Ford.

Registrar's Clerk.

Helen F. Nugent.

HOSPITAL.

Second avenue and Seventeenth street.

SUB-STATION.

No. 314 Broome street.

DIET KITCHEN.

No. 314 Broome street.



VIEW OF HOSPITAL FROM REAR, SHOWING GROUNDS AND PATHOLOGICAL DEPARTMENT.

REPORT

OF THE

Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

The Society of the Lying-in Hospital now enters upon the one hundredth year of its existence in this city, and may thus claim the distinction of being numbered among the few charities whose good work in the cause of suffering humanity began a century ago.

A *fac-simile* of the original appeal circulated during October, 1798, with the signatures of the subscribers, is inserted in this report, and also a picture of the "City Hotel," where the Society was organized and a Committee appointed to draft a constitution.

Alexander Hamilton, De Witt Clinton and other distinguished citizens were active in furthering every effort to establish this maternity hospital in New York, the early records of the Society showing that in July, 1799, only a few months after its incorporation, sufficient funds had been obtained to lease and equip the building No. 2 Cedar street for hospital purposes. There the work of the Society was first conducted for the benefit of the destitute poor, and there a comfortable asylum provided for many unable to procure necessary medical attendance with nursing, and dependent, therefore, on charity for aid and treatment.

* The City of New York at that period contained a total population of less than forty thousand, and its limits were within an area bounded on the north by Leonard street. Even under these primitive conditions, however, and notwithstanding the absence

* The first census of New York City, taken in 1800, included 15,291 men, 15,966 women and 6,367 free colored people and slaves, a total of 37,624.

of any accurate statistical information, it was conclusively shown to the founders of this Society that the greatest need and distress prevailed among the class for whose benefit the Society was organized. That same need has, unhappily, with the greater growth and development of our city, alarmingly increased, until we know that out of *fifty-one thousand one hundred and seventeen* births reported by the * Board of Health for the year ending October 1, 1898, *twenty-three thousand eight hundred and ninety-two* unfortunate mothers were dependent on the care of ignorant midwives, and only *twenty-seven thousand two hundred and twenty-five* treated by physicians in practice. These, of course, include all charity patients, and out of that number more than 9 per cent. were cared for and nursed by the Society of the Lying-in Hospital.

Those charitably disposed cannot but deplore the fact that so large a number of our destitute poor are still dependent on the unskilled treatment of midwives, and this unfortunate condition will doubtless continue until the present maternity service in this city is either greatly enlarged or some system devised to care for the neglected cases at present reported by our Board of Health, and now amounting to more than *forty-five per cent.* (45%) out of the total reported by our Health Department.

In a previous report reference was briefly made to the formation of a Ladies' Auxiliary Committee, instituted at the request of the Board of Governors and Medical Board, and authorized to do certain work in connection with the out-door department, this being the term applied to all beneficiaries of the Society treated in their own homes. Some two hundred and fifty ladies were interested, and have shown the greatest zeal and energy during the past year. Not only has the various detail work intrusted to their judgment been most successfully undertaken, but a sum of money, amounting to $25,000, raised by them, part of which, by vote of their Auxiliary Board, was applied in

* "The last quarter of 1897 in the statistics given by the Board of Health, included, in addition to the Borough of Manhattan, what is now the Borough of The Bronx. From January 1 the returns to October 1 only include the Borough of Manhattan."

bettering the condition and caring for the poor patients in the tenements, leaving a balance sufficient, with other subscriptions, to liquidate in full the Society's note originally issued for $60,000. The payment of this debt will considerably reduce the current interest charges and leave, in consequence, a greater opportunity to extend the Society's field of usefulness into other quarters of the city by the establishment of additional sub-stations.

The reports of the different sub-committees of the Ladies' Auxiliary, as presented at their annual meeting, are printed in full elsewhere, and serve to show how energetically the work intrusted to them has been carried out.

Owing to the number of destitute Hebrews cared for and treated by this Society, the Baroness de Hirsch, whose philanthropic work is so widely known, sent, through the United Hebrew Charities of this city, a most generous and liberal donation, and asked that it should be applied towards the working fund of the Society.

The Baroness de Hirsch, by unanimous vote of the Board of Governors, has been constituted a patron, and her beneficent gift the means of greatly aiding the Society in the relief of those dependent on charity for aid and medical attendance.

The number of applicants who have applied at the Hospital and sub-station for treatment within the last twelve months has amounted to *three thousand seven hundred and forty-four*. Of these two thousand two hundred and sixteen have been attended in confinement in the tenements, and three hundred and seventy-nine in the hospital wards.

Reference has already been made to the number of births in this city during the past year, as reported by the Board of Health. Out of this total number more than five per cent. (5%) were relieved by this Society, and of the three hundred and seventy-nine cases treated in its hospital building, some were removed from homes in which proper care, owing to their squalid and unsanitary condition, was impossible or dangerous; others were brought in ambulances summoned by the police, suffering

from neglect or malpractice, and some absolutely destitute, for whom it was necessary to provide for when discharged from our hospital wards.

The Society, owing to lack of funds, has still a limited accommodation, and cannot, in consequence, carry on a larger in-door service. This urgent need will exist until the Society's new hospital, so generously offered by J. Pierpont Morgan, Esq., is erected. The construction of this magnificently planned building, so well adaptd to perform its noble work in the care and relief of the destitute and helpless, can be commenced as soon as sufficient income is provided, by endowment or otherwise, to meet its running expenses.

In view of the statements so widely circulated, especially during the past year, attacking free treatment given by many hospitals and charities in this city, attention is particularly directed to the statistical tables inserted in this report, covering various facts concerning the condition of patients relieved by this Society within the year, from which it may be noted that the wage-earners of a majority of the Society's beneficiaries receive on an average $1 per day, expending $8 per month for their rooms, and being therefore obliged, on less than 60 cents per diem, to feed and provide for their families. It is reasonable to assume that these people can save nothing for medical attendance, and so-called private charities, therefore, are justly entitled to some aid and assistance from the City authorities to care for those who would otherwise surely become a public charge.

The work of the Diet Kitchen, at No. 314 Broome street, has again proved its very great usefulness, and it is hoped, with the formation of the Ladies Auxiliary, this important branch of the Society's service may be extended, and greater facilities given our Medical Board to relieve the wants of those who are found absolutely destitute. Some four hundred and seventy-four families during the past year were provided with food, coal and clothing, the system being to issue tickets enabling the bearer to obtain whatever the attending physician may deem necessary. It is found that clothing can be distributed to great advantage, as the Society has peculiar facilities, with the treatment of many

of its patients in their own homes and visiting them often during their illness, to become thoroughly acquainted with their requirements.

Since January, 1894, the date on which the Diet Kitchen was established for the benefit of the destitute poor treated by the Society of the Lying-in Hospital, some *two thousand two hundred and seventy families* have been cared for, and thirty-one thousand seven hundred and eighty loaves of bread, thirty-one thousand seven hundred and eighty quarts of milk, nine thousand and eighty pounds of sugar, nine thousand and eighty pounds of oatmeal, twenty-two hundred and seventy pounds of coffee and thirteen hundred and thirty-five pounds of tea distributed.

This work of relief in households that are frequently found in a starving condition is continued for two weeks to cover the period of the mother's illness, and has been maintained, including all charges for rent and food, at an average expenditure per family of only $3.35. It is believed that no such beneficial results are accomplished elsewhere at less cost, as in addition to food, coal and clothing are also given when required.

Attention is particularly directed to the list published elsewhere in the report, giving a brief statement concerning the physical condition of patients visited. Lack of space prevents a more lengthy report on the subject, but it is believed that enough has been printed to show the absolute want and misery that prevails among those cases relieved by the Society throughout the tenement districts, and may serve to convince how utterly impossible it is for these people to save anything for medical attendance, and the necessity of the Society's maintaining a Diet Kitchen from which food and clothes can be provided at short notice.

This systematic visiting has been most thoroughly performed by the Ladies' Auxiliary Committee, and the Society may justly claim that during the past year no cases have been relieved that were not worthy of every assistance.

The Treasurer of the Society has again reported to the Board the generous contribution of $10,000, to be applied to the reduc-

tion of the mortgage indebtedness upon the hospital property, this sum having been given for the fourth time by the same liberal benefactor. This, with interest, forms a special fund, and will be applied in canceling the mortgage of $110,000 on the hospital property when due.

The Medical Board during the past twelve months have instructed two hundred and forty-five students and thirty-two graduates. This branch of the Society's work has become most important, and a photograph is inserted in this report showing the room now used for instruction and lectures.

Forty-four nurses have been received from the New York and St. Vincent's Hospital, St. Joseph's of Yonkers, and St. Mary's of Brooklyn. Elsewhere is published a list of graduates in this department who have each taken a three months' course and received every benefit in obstetrical training that practical experience and attendance at lectures almost daily can give them.

The Society has again profited owing to the organization of a Sewing Class of some five hundred ladies, and *three thousand six hundred and thirty-four garments* have been made and sent by them to the hospital for distribution among the Society's patients.

The Treasurer's accounts show $44,299 received in donations and $1,200 in annual subscriptions. This not only has entirely wiped out the Society's indebtedness of $60,000, borrowed to complete the purchase of the hospital property, but gives a total donated the Society for its charitable purposes during the past four years of over $97,000.

The Board of Governors has every reason to feel the deepest gratitude for this substantial proof of public interest in furthering the Hospital's good work, and the consequent beneficial results among the most destitute poor of this city.

The cost of conducting the Hospital and sub-station during the past year, less interest charges, was $27,541.06, making the cost per capita of each patient only a little less than $10.62.

The Medical Board during the past year are deserving of special recommendation, and have again proved their entire un-

selfishness in the cheerful discharge of every exacting duty required of them.

In addition to the time devoted to those treated in our hospital wards, a majority of whom require constant attention and watching, there were *forty-three thousand and ninety-two visits* made throughout the tenement districts in caring for the two thousand two hundred and sixteen cases of confinement, and this large service has been conducted with the loss of only three patients. The relief and charge, so successfully, of these beneficiaries of the Society entitles our Medical Board not only to the thanks of the Board of Governors, but to the gratitude of all interested in the Society's charitable work.

It will be noted from an examination of the statistics of the Out-door Patient Department that since 1890 the number of cases treated by the Society rapidly increased until about two hundred and twenty-five patients are cared for each month.

There has been practically no increase in the work done in this Department, and this year shows a slight falling off in the number of cases treated. Beyond question this state of affairs is due to the fact that with the present facilities all the work is being done that can be done, and more than that, in denying aid to many applicants (some twelve hundred during the past year), it is because the Society is physically unable to care for them with the present plant. We are educating the very class, therefore, we expect to reach to look elsewhere for the care they ought to expect from, and which the Lying-in Hospital should be able to give them.

Considering the number of ambulance cases, the mortality in the hospital service during the past year may be considered low.

With a larger hospital building and increased facilities there would be practically almost no limit to the work the Society might perform in relieving and caring for the destitute and unfortunate for whose benefit the Society was incorporated one hundred years ago.

Respectfully submitted,

On behalf of Board of Governors.

New York, September 30, 1898.



MAP OF THE CITY OF NEW YORK IN 1798.

The Star indicates where the Hospital's First Building was Located.

(From an Old Print in Possession of the New York Historical Society.)

REPORT OF THE MEDICAL BOARD

To the Board of Governors of the Society of the Lying-in Hospital:

Gentlemen—It has been the principal object of every active worker connected with this Society, during the past eighteen months, to increase the sources of the material income of the Society in order that the generous offer of a suitable building, which was announced in the last Annual Report, might be accepted. A realization of this object has not been attained, and your Medical Board is convinced that at least a part of the lay public holds false theories regarding the subject of hospitals in general, and with regard to the individual class of maternity hospitals in particular. This Hospital has been the recipient also of a share of the adverse criticism incident to the attacks of more or less organized medical bodies upon the existing system of hospitals and dispensaries, which ventilated during last winter the so-called "dispensary abuse," with its alleged injustice of local physicians and its pauperizing influence on those cared for by these "charities." It may not be amiss, in view of this state of affairs, to analyze these criticisms somewhat in detail, and to discover what may be said in favor of the work in which this Society is engaged.

One criticism of maternity hospitals is as old as the system itself—*such institutions are fruitful sources of puerperal fever.* The fact is that they were, but that they are no longer. Modern aseptic midwifery has revolutionized the whole aspect of obstetric practice. From a medical standpoint this question of puerperal fever in institutions is settled for all time, nevertheless one occasionally meets with the old formula from some lay critic. The statistics of all hospitals, and those of this Hospital alone, are a sufficient refutation of this time-worn statement. The

death-rate from all causes has fallen from ten, or even twenty-five per cent., to less than one per cent., during the past thirty years.

A second criticism of maternity hospitals is *that they increase the number of illegitimate births.* As a matter of fact such hospitals exert no influence whatever, either to increase or to decrease the number of children born out of wedlock. A fact so well established in the history of sociological investigations and statistics scarcely admits of argument. The absurdity of supposing that the known existence of such hospitals could influence the commission of social crimes in the presence of so many immensely more powerful influences would seem obvious. The real influence of maternity hospitals is to decrease crimes of another kind. By offering an asylum to the outcast and distracted mother, the Lying-in Hospital removes, in a great measure, the temptation to suicide and criminal malpractice. Thus innocent children are saved from death by infanticide and given a healthy start in life.

In considering the various criticisms of the proposed new hospital building, which was described in the last Report, the Medical Board would group the various statements under three propositions.

1. The proposed building is not needed and there are hospitals enough already.

2. The proposed enlarged hospital will care for those who do not deserve charity.

3. The proposed obstetric service will interfere with the practice of the local physician.

There is no doubt that the number of maternity hospitals is inadequate for the demands of New York City. Your Medical Board is also certain that the present plant of this Society is very inadequate for the demands put upon it, for it is already employed to the limit of its capacity. This Society, moreover, is the oldest maternity hospital in the United States, and it would therefore seem fitting that it, of all others, should continue and extend its work.

Your Medical Board is further convinced that there are not enough facilities in this city to teach to trained nurses and young physicians the science and art of midwifery. There are only two maternity hospitals in this city which are associated with this Society in teaching obstetrics, and one of these is restricted to the use of the students of a particular school. Both of these hospitals have recently enlarged their buildings in order to meet the increasing demand for their services. The proposed building for this Society to accommodate more than two hundred patients is an urgent necessity.

The statistics concerning the financial condition of the patients of the Hospital, which are published elsewhere in this Report, will show how far this Society deals with those undeserving of charitable aid. In forming an opinion of any person's right to charitable aid it must be remembered that her ability to pay should not be judged by a low standard, because obstetrical work is of such a character as to require more time and attention than ordinary medical work, and hence the fees are necessarily greater.

In answer to the third proposition it can be said that the majority of our patients would not be treated by a physician if they did not come to us. They cannot afford to pay anything for their confinement and subsequent care. Midwives accept a small fee and live in the house throughout the lying-in period. This Society, in its tenement-house work, is the rival of the midwives and not of the physicians. The midwives of New York to-day take care of half of the reported births during each year. They are, as a class, unskilled and uneducated, although many do conscientious work. The same critics who have cried "abolish hospitals" also started the cry "abolish midwives," but these critics failed to offer any substitute for the many workers who do half the midwifery of the city. The only available substitutes for the midwives are the institutions which do the same work that is done in the Out-door Department of this Society. The working capacity of these institutions is not adequate for the purpose. In the meantime this Society, as far as it may, is

supplanting the midwife in many households, and good obstetrics is displacing the poor obstetrics which makes many chronic invalids.

It is the earnest hope of the Medical Board that the near future will witness the laying of the foundation of the proposed building for this Society in order that its work may continue to expand along the present lines.

Respectfully submitted,

THE MEDICAL BOARD.

New York, September 30, 1898.



STUDENTS' LECTURE ROOM.

Number of Patients Treated from October 1, 1897, to September 30, 1898.

Out-Door Service.		In-Door Service.	
October	198	October	32
November	150	November	36
December	211	December	36
January	195	January	35
February	162	February	23
March	155	March	25
April	148	April	32
May	179	May	25
June	185	June	37
July	210	July	41
August	200	August	35
September	223	September	23
Total	2,216	Total	379

The United Hebrew Charities.

In June, 1895, an arrangement was made with the United Hebrew Charities of New York by which this Hospital agreed to care for all cases of confinement occurring among the beneficiaries of that Society.

The work is now being done by the Hospital with satisfaction to both parties to the agreement.

A person subscribing at one time to the funds of the Society the sum of five thousand dollars shall become a Patron of the Society, and any person so subscribing the sum of five hundred dollars shall become a Benefactor of the Society.

Patrons.

J. Pierpont Morgan,
Cornelius Vanderbilt,
William Kissam Vanderbilt,
Baroness De Hirsch.

Benefactors.

Mrs. Annie Woerishoeffer,
Henry A. C. Taylor,
Oswald Ottendorfer,
George G. Williams,
Mrs. Cornelius Vanderbilt,
William Waldorf Astor,
Mrs. George Gould,
Mrs. Henry Mortimer Brooks,
James H. Jones,
Alfred Corning Clark, *
Mrs. Frederick W. Vanderbilt,
Miss Grace Wilkes,
William E. Randolph,
Mrs. Robert Winthrop,
Mrs. Augustus Juilliard,
Mrs. George E. Dodge,
Robert H. Robertson,
Mrs. Sidney Webster,
Walter S. Gurnee,
Mrs. Charles B. Alexander,
William G. Low,
Mrs. Richard T. Auchmuty,
Francis S. Bangs,
Clarence M. Hyde,
Egerton L. Winthrop,
Lewis Cass Ledyard,
Frederic Bronson,
Christopher M. Bell, M. D.,
F. Delano Weekes.

*Deceased.

Free Beds.

The sum of $5,000 endows a bed in perpetuity; $3,000 endows one for the life of the donor, and the sum of $250 entitles the donor to name patients to it for one year.

1895.

Endowed in Perpetuity.

In memory of Mrs. Robert L. Stuart,
By Mr. and Mrs. George G. Williams.

Endowed for One Year.

1895.

By Mrs. J. Hooker Hamersley.

1896.

By Mrs. Jacob H. Schiff.

By V. Everet Macy.

Form of Certificate.

Bed Endowed in Perpetuity.

These Presents Certify that

.....

having contributed to the funds of the Society of the

LYING-IN HOSPITAL

Of the City of New York,

Incorporated 1799,

By the Gift of Five Thousand Dollars,

the Board of Governors of said Society do hereby grant unto.....the right to nominate from time to time a patient, for treatment by the Medical Staff of said Hospital, or to occupy one bed in the common wards of said Hospital, free of charge; subject, however, to such rules and regulations for the treatment, admission and discharge of patients as are now, or shall be hereafter, prescribed by said Board.

Such right may be exercised by the said..... and....successors in perpetuity, provided that such successor be appointed in writing by will or otherwise by..... or by each appointee in succession, and failing such appointment, such right shall cease.

In Witness Whereof, the corporate seal of said Society is hereto affixed and the same attested by its President and Treasurer the.....day of..... A. D.....

[L. S.]

.....*President.*

.....*Treasurer.*

Form of Certificate.

Bed Endowed for Life of Donor, or One Year.

These Presents Certify that

.....

having contributed to the funds of the Society of the

LYING-IN HOSPITAL

Of the City of New York,

Incorporated 1799,

By the Gift of

..... Dollars
the Board of Governors of said Society do hereby grant unto
.....
for the term of.....
the right to nominate from time to time a patient for treatment by the Medical Staff of said Hospital, or to occupy one bed in the common wards of said Hospital, free of charge ; subject, however, to such rules and regulations for the treatment, admission and discharge of patients as are now, or shall be hereafter, prescribed by said Board.

In Witness Whereof, the corporate seal of said Society is hereto affixed and the same attested by its President and Treasurer the.....day of.....
[L. S.] A. D.....

.....*President.*

.....*Treasurer.*

TREASURER'S REPORT.

Receipts.

October 1, 1897—Balance in United States Trust Company	$1,417 42	
Balance in National Butchers and Drovers' Bank	753 20	
		$2,170 62
Income from investments		13,914 45
Students' fees		6,118 62
City of New York—Allowances from September 30, 1897, to June 30, 1898, nine months		9,000 00
Donations		44,299 00
Annual subscriptions		1,200 00
Subscriptions to membership		10 00
Proceeds of charitable entertainments		5,337 32
		$82,050 01

Payments.

Investment on account of mortgage debt	$10,000 00
Payment in full loan with United States Trust Company	35,000 00
Interest on purchase-money mortgage of $110,000, including interest on loan	6,146 22
Ladies' Auxiliary expenses	1,706 77
Ladies' Auxiliary, working fund	1,334 55
	$54,187 54

Expenses of

Hospital and Sub-station.

Salaries—		
Medical Staff	$4,340 00	
Nurses	780 00	
Administration	2,649 63	
Servants	3,815 86	
		$11,585 49
Laundry		213 97
Administrative printing, annual report, etc		418 32
Medical printing		863 96
Medical advertising		96 70
Medicines		498 49
Medical supplies		1,719 58

Instruments		$137 16
Car-fares, Medical Staff		56 29
Certificates		52 60
Postage		198 72
Rent of Sub-station and safe deposit vault		505 00
Telephone		261 11
Gas		1,012 77
Fuel		615 65
Furniture		90 54
Bedding		23 50
House supplies		489 45
Repairs		1,306 38
Dry goods		157 71
Food—		
Meat	$2,826 47	
Fish	392 25	
Vegetables	602 28	
Groceries	2,154 66	
Bread	524 18	
Milk	738 37	
		7,238 21
October 1, 1898—Balance in U. S. Trust Company	$68 21	
Balance in National Butchers and Drovers' Bank	253 20	
		321 41
		$82,050 01

E. & O. E.
NEW YORK, October 1, 1898.

FREDERIC BRONSON,
Treasurer.

SOCIETY OF THE LYING-IN HOSPITAL.

DONATIONS.

Anonymous	$10,000 00
Anonymous, through Edmund L. Baylies	500 00
Anonymous, through Mrs. W. Pierson Hamilton	112 00
Anonymous, through Mrs. Frederic Bronson	175 00
Anonymous, through Mrs. Robert Maclay Bull	10 00
Mrs. Joseph S. Auerbach	42 00
Mrs. Charles T. Abercrombie	32 00

Mrs. William Alexander	$35 00
Mrs. Thatcher M. Adams	20 00
Mrs. James H. Aldrich	32 00
Mrs. John E. Alexandre	35 00
Mrs. Frank Arnold	10 00
Mrs. José Aymar	20 00
Mrs. Charles B. Alexander	380 00
Mrs. Edward D. Adams	22 00
Mrs. Hugh D. Auchincloss	32 00
Mrs. R. T. Auchmuty	1,000 00
Mrs. Joseph Agostini	10 00
Mrs. Auphonse H. Alker	10 00
Mrs. John H. V. Arnold	20 00
Mrs. John Giraud Agar	10 00
Mrs. Frederick T. Adams	10 00
Mrs. Francis B. Arnold	10 00
Miss E. E. Arnold	10 00
Mrs. N. W. Anthony	10 00
Mrs. Maitland Armstrong	10 00
John Jacob Astor	100 00
Francis S. Bangs	1,000 00
Christopher M. Bell, M. D	1,000 00
Frederic Bronson	1,000 00
Mrs. Charles T. Barney	22 00
Mrs. D. Gorham Bacon	10 00
Mrs. Frederic H. Benedict	100 00
Mrs. George C. Boldt	22 00
Mrs. S. J. Berwind	10 00
Mrs. Frederic C. Bourne	32 00
Mrs. Frederic Bronson	130 00
Mrs. James Brown	10 00
Mrs. Lloyd Bryce	35 00
Mrs. Henry Burden	25 00
Mrs. Robert Maclay Bull	32 00
Mrs. George F. Baker	60 00
Mrs. Calvin S. Brice	160 00
Mrs. James A. Burden	50 00
Mrs. Douglas W. Burnham	45 00
Miss Lily Babcock	32 00
Mrs. James L. Barclay	20 00
Mrs. Edson Bradley	32 00
Mrs. Robert Bacon	20 00
Mrs. Henry D. Babcock	32 00
Mrs. Thomas R. Ball	32 00
Mrs. Daniel C. Blodgett	10 00
Mrs. Richard M. Butler	20 00
Mrs. Heber R. Bishop	70 00

Mrs. J. Muhlenberg Bailey	$72 00
Mrs. H. Mortimer Brooks	522 00
Mrs. August Belmont	34 00
Mrs. James Hude Beekman	20 00
Mrs. Francis S. Bangs	50 00
Mr. E. L. Baylies	15 00
Mrs. William Lanman Bull	10 00
Mrs. George Bird	10 00
Mrs. Theo. B. Bleecker	10 00
Mrs. Henry B. Barnes	10 00
Mrs. Henry K. Browning	10 00
Mrs. Fordyce Barker	10 00
Mrs. I. Townsend Burden	10 00
Mrs. E. Cornelius Benedict	10 00
Mrs. Charles Russell Burke	10 00
Mrs. John Burke	10 00
Miss Bishop	10 00
Mrs. William H. Beadleston	10 00
Mrs. Charles Stedman Bull	10 00
Mrs. H. M. Barron	10 00
Mrs. James H. Benedict	10 00
Mrs. Henry Beadel	10 00
Mrs. Horace Barnard	10 00
Mrs. Samuel Dwight Brewster	10 00
Mrs. James Band	10 00
Mrs. William Buchanan	10 00
Mrs. C. M. Bell	10 00
Mrs. Blanchard	10 00
Mrs. Sackett Moore Barclay	10 00
Mrs. George T. Bliss	10 00
Mrs. Justus Lawrence Bulkley	10 00
Mrs. J. W. Boothby	10 00
Mrs. F. D. Beard	10 00
Mrs. William C. Browning	10 00
Mrs. Harold Brown	10 00
Mrs. Charles L. Benedict	20 00
Mrs. James Burden	10 00
Mrs. Joseph Bond Beall	10 00
Mrs. Edmund L. Baylies	10 00
Mrs. Louise H. Barnard	10 00
Mrs. Lyman Brown	10 00
Mrs. Brookman	10 00
Mrs. G. P. Bonler	10 00
Mrs. N. E. Baylies	10 00
Mrs. D. Butterfield	10 00
Mrs. John Shaw Billings	10 00
Mrs. Charles Barnes	10 00

Mrs. Lindley H. Chapin	$10 00
Mrs. Armory S. Carhart	20 00
Mrs. A. Cass Canfield	30 00
Mrs. Willard Case	35 00
Mrs. Moses T. Campbell	10 00
Mrs. George P. Cammann	32 00
Miss Callender	10 00
Mrs. Ernest Howard Crosby	20 00
Mrs. Dwight Collier	10 00
Mrs. Frederic Cromwell	45 00
Mrs. George Crocker	35 00
Mrs. Devereux Clapp	20 00
Mrs. Charles A. Childs	20 00
Miss Anna M. Clark	25 00
Mrs. Alfred A. Cowles	20 00
Mrs. Juan M. Ceballos	44 00
Mrs. Charles Henry Coster	10 00
Mrs. Bayard Cutting	112 00
Mrs. F. E. Chadwick	10 00
Mrs. A. R. Conkling	10 00
Mrs. Henry Clews	10 00
Mrs. George C. Colburn	10 00
Mrs. Therese Caylus	10 00
Mrs. R. R. Colgate	10 00
Mrs. Howard Carroll	10 00
Mrs. Robert L. Crawford	10 00
Mrs. George E. Chisholm	10 00
Mrs. James Wilson Clark	10 00
Mrs. Charles W. Cooper	10 00
Mrs. Parmly S. Clapp	10 00
Mrs. B. Ogden Chisolm	10 00
Mrs. George A. Crocker	10 00
Mrs. P. T. Conde	10 00
Mrs. J. Hedges Crowell	10 00
Mrs. Robert Welch Candler	10 00
Mrs. Carroll	10 00
Mrs. Herman H. Cammann	10 00
Mrs. H. W. Cannon	10 00
Mrs. William G. Choate	10 00
Mrs. Flamen B. Candler	10 00
Mrs. Jefferson Coddington	10 00
Mrs. Edward N. Crosby	5 00
Baroness de Hirsch	5,808 00
Mrs. Charles D. Dickey	22 00
Mrs. Fellowes Davis	32 00
Mrs. William G. Davies	20 00
Mrs. Louis P. di Cesnola	10 00

Mrs. Julian T. Davies	$20 00
Mrs. Charles Dana	32 00
Mrs. Gherardi Davis	22 00
Mrs. Henry Dale	32 00
Mrs. Julian T. Davies, Jr	22 00
Mrs. Lewis L. Delafield	10 00
Mrs. Maturin L. Delafield, Jr	10 00
Mrs. George G. de Witt	10 00
Mrs. Francis O. de Luze	10 00
Mrs. Henry F. Dimock	35 00
Mrs. George A. Dixon	10 00
Mrs. Howard E. Dickenson	10 00
Mrs. Earl Dodge	20 00
Mrs. William P. Douglas	70 00
Mrs. John B. Duer	22 00
Mrs. E. Tiffany Dyer	20 00
Mrs. Harvey H. Duryee	10 00
Miss De Forest	10 00
Mrs. Richard H. Derby	10 00
Mrs. Thomas Dimond	10 00
Mrs. George Dodge	212 00
Mrs. Horace Dickinson	10 00
Mrs. Arthur Murray Dodge	10 00
Mrs. Beverly Chew Duer	10 00
Mrs. Dupont	10 00
Mrs. George F. Dominick	10 00
Mrs. John S. Durand	10 00
Mrs. W. B. Dinsmore	10 00
Mrs. Joseph J. O'Donohue	10 00
Mrs. Frederic L. Dennis	10 00
Mrs. Ramon Andres de Maurias	10 00
Madame de Heredia	10 00
Mrs. Tuden Grand de Hautville	10 00
Mrs. Frank G. Dupignac	10 00
Mrs. Thomas T. Eckert	10 00
Mrs. Newbold Edgar	20 00
Mrs. Henry B. Ely	10 00
Mrs. John Elderkin	20 00
Mrs. Herman L. R. Emmet	20 00
Mrs. John J. Emery	45 00
Mrs. Henry C. Eno	10 00
Mrs. William P. Eno	32 00
Mrs. Cadwalader Evans	20 00
Mrs. William M. Evarts	22 00
Mrs. George S. Edgell	10 00
Mrs. W. W. Ellsworth	10 00
Mrs. David Egleston	10 00

Mrs. Richard Hy. Eggleston	$10 00
Mrs. Maxwell Evarts	10 00
Mrs. Jesse L. Eddy	10 00
Miss Clementina Furniss	30 00
Mrs. Nicholas Fish	10 00
Mrs. George W. Forsyth	30 00
Mrs. Seth B. French	32 00
Mrs. Charles A. Frank	10 00
Mrs. Charles D. Freeman	22 00
Mrs. Horatio N. Fraser	10 00
Mrs. Pandelli Fachiri	30 00
Mrs. Ernesto G. Fabbri	10 00
Mrs. Robert Ludlow Fowler	10 00
Mrs. Charles R. Flint	10 00
Mrs. Thomas Powell Fowler	10 00
Mrs. W. B. Franklin	10 00
Mrs. W. W. Flint	10 00
Mrs. William M. Fleitman	10 00
Mrs. George Fahys	10 00
Mrs. George Winthrop Folsom	10 00
Mrs. F. O. French	10 00
Mrs. William Field	10 00
Mrs. Ashbel P. Fitch	10 00
Mrs. Charles Danforth Freeman	10 00
Mrs. Louis Fitzgerald	10 00
Mrs. E. C. Fiedlers	10 00
Mrs. Austin Flint, Jr	10 00
Mrs. Charles Francklyn	10 00
Mrs. Theodore Frelinghuysen	20 00
Mrs. Horace Gallatin	32 00
Mrs. Thomas Garner	32 00
Mrs. James W. Gerard	22 00
Mrs. Frederick Goodridge	10 00
Mrs. Charles Godfrey	22 00
Mrs. Bryce Gray	10 00
Mrs. Joseph A. Gillet	32 00
Mrs. Walter S. Gurnee, Jr	32 00
Miss Delia Gurnee	45 00
Mrs. Chester Griswold	20 00
Mrs. James J. Goodwin	22 00
Mrs. Malcolm Gresham	35 00
Mrs. Richard Gambrill	130 00
Mrs. Elbridge T. Gerry	210 00
Mrs. George J. Gould	225 00
Mrs. Frederic Gebhard	10 00
Mrs. Nelson Goodwin Green	10 00
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Mrs. Griswold Gray	$10 00
Mrs. William R. Garrison, Sr	10 00
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Mrs. W. R. Grace	10 00
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Clarence M. Hyde	1,000 00
Mrs. Louis T. Haggin	20 00
Mrs. William B. Hayden	20 00
Mrs. Harold F. Hadden	10 00
Mrs. W. F. Havemeyer	22 00
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Mrs. Charles D. Ingersoll	10 00
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Mrs. Henry S. Kerr	10 00
Mrs. G. Kortright	10 00
Mrs. Maturin Livingston	32 00
Mrs. George Law	100 00
Miss Leary	32 00
Mrs. Howard Lapsley	32 00
Mrs. Richard M. Laimbeer	10 00
Mrs. Ernest Lorillard	10 00
Mrs. Edward Lauterbach	20 00
Mrs. Goodhue Livingston	10 00
Mrs. Pierre Lorillard, Jr	10 00
Mrs. R. E. Livingston	22 00
Mr. Charles Lanier	100 00
Mrs. Newbury Davenport Lawton	10 00
Mrs. Juliet K. Lamont	10 00
Mrs. Edward R. Ladew	10 00
Mrs. Edward V. Loew	10 00
Mrs. Francis Griswold Landon	10 00
Mrs. John Bodine Lunger	10 00
Mrs. Daniel S. Lamont	10 00
Mrs. August Lattman	10 00
Mrs. J. H. Ladew	10 00
Lewis Cass Ledyard	1,000 00
Mrs. Lewis C. Ledyard	10 00
Mrs. Henry J. La Marche	10 00
Mrs. John V. B. Lewis	10 00
Mrs. Robert Ludlow	10 00
Mrs. Charles H. Ludington, Jr	10 00
Mrs. E. L. Ludlow	10 00
Mrs. George B. Loring	10 00
Mrs. David Millard Look	10 00
Mrs. Homan Lee	10 00
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Mrs. James W. Markoe	32 00
Mrs. William M. Martin	22 00
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Mrs. William Moir	130 00
Mrs. Edwin D. Morgan	100 00
Mrs. Ogden Mills	22 00
Mrs. D. O. Mills	250 00
Mrs. Charles H. Marshall	10 00
Mrs. George Howard Marvin	10 00
Miss Moller	10 00
Mrs. Pierre Mali	10 00
Mrs. Archibald K. Mackay	10 00
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Mrs. Oliver W. Mink	10 00
Mrs. Thomas M. Markoe	10 00
Mrs. Hy. Narcross Munn	10 00
Mrs. J. Pierpont Morgan	10 00
Mrs. Horace Maxwell	10 00
Mrs. Howard Meyer	10 00
Mrs. Abraham Mills	10 00
Mrs. M. R. Maxwell	10 00
Mrs. John J. McCook	10 00
Mrs. Lincoln McCormack	10 00
Mrs. L. T. McCoy	10 00
Mrs. B. B. McAlpin	10 00
Mrs. John McBowen	10 00
Mrs. John G. Neeser	40 00
Mrs. E. L. Nassau	12 00
Mrs. Victor Newcomb	10 00
Mrs. Gordon Norrie	10 00
Mrs. George Livingston Nichols	10 00
Mrs. Frank Northrop	10 00
Mrs. John Neilson	10 00

Mrs. Edith Newbold	$10 00
Miss Mary H. Neeser	10 00
Miss Elvine L. Neeser	10 00
Mrs. Thomas Newbold	10 00
Mrs. Philip Bradford Niles	10 00
Mrs. John K. Olyphant	10 00
Mrs. Walter G. Oakman	160 00
Mr. Cruger Oakley	10 00
Mrs. J. V. V. Olcott	10 00
Mrs. Wilson B. Ogden	25 00
Mrs. J. Van S. Oddie	10 00
Miss Osgood	10 00
Mrs. Church Osborne	10 00
Mrs. John O'Brien	10 00
Mrs. Trenor L. Park	25 00
Mrs. James W. Pinchot	200 00
Mrs. Howland Pell	32 00
Mrs. Jehiel J. Post	10 00
Mrs. Edward H. Peaslee	10 00
Mrs. Morton S. Paton	10 00
Mrs. William B. Parsons	15 00
Mrs. George Place	30 00
Mrs. H. McM. Painter	10 00
Mrs. Frank Pendleton	10 00
Mrs. George B. Post, Jr	32 00
Mrs. Charles G. Peters	20 00
Mrs. William M. Polk	25 00
Mrs. Frederick A. Potts	25 00
Mrs. William Pollock	37 00
Mrs. Edwin Parsons	135 00
Mrs. Nellie K. Pruyn	10 00
Mrs. Grace Phelps Platt	10 00
Mrs. T. Pearson	10 00
Mrs. W. Pollock	10 00
Mrs. Theodore K. Pembrook	10 00
Mrs. Frederick Pinkus	10 00
Mrs. Guy R. Pelton	10 00
Mrs. Charles Phelps	10 00
Mrs. Charles Inslee Pardee	10 00
Mrs. J. J. Post	10 00
Mrs. Alfred Pell	10 00
Mrs. Emma J. Proal	10 00
Mrs. K. R. Papin	10 00
Mrs. Peaslee	10 00
Mrs. F. B. Porter	10 00
Mrs. Lincoln R. Peabody	10 00
Mrs. H. H. Pease	10 00

Mr. W. Rhinelander	$20 00
Mrs. Edward S. Rapallo	32 00
Mrs. Jules Reynal	32 00
Mrs. William G. Rockefeller	10 00
Mrs. Edward H. Ripley	20 00
Mrs. James Roosevelt	22 00
Mrs. Edmund D. Randolph	22 00
Mrs. Robert Robinson	15 00
Miss Serena Rhinelander	22 00
Mrs. Philip Rhinelander	32 00
Mrs. William Rhinelander	22 00
Mrs. Oakley Rhinelander	32 00
Mrs. Henry Pendleton Rogers	22 00
Mrs. John L. Riker	22 00
Mrs. John C. Rennard	40 00
Mrs. Henry H. Rogers	120 00
Mrs. John A. Robinson	10 00
Mrs. Theodore P. Ralli	32 00
Mrs. Elihu Root	10 00
Mrs. Auguste Richard	72 00
Mrs. Robert H. Robertson	22 00
Mrs. Beverly Robinson	32 00
Mrs. William Rockefeller	10 00
Miss Remsen	10 00
Mrs. James Richard	10 00
Mrs. Frank B. Robinson	10 00
Mrs. Jeremiah P. Robinson	10 00
Mrs. J. Rhinelander	10 00
Mrs. Robert W. Rutherfurd	10 00
Mrs. Ehrick Rossiter	5 00
Mrs. John Ellis Roosevelt	10 00
Mrs. William Evans Rogers	10 00
Mrs. Frederic Remington	10 00
Mrs. Henry Redmond	10 00
Jacob H. Schiff	250 00
Mrs. C. S. Sands	20 00
Mrs. John Sloane	112 00
Mrs. Albert Shattuck	32 00
Mrs. Miles Standish	32 00
Mrs. Arthur T. Sullivan	37 00
Mrs. William A. Street	20 00
Mrs. Alexander D. Shaw	10 00
Mrs. Henry T. Sloane	22 00
Mrs. Walter L. Suydam	22 00
Mrs. Gustav Schwab	20 00
Mrs. William L. Strong	32 00
Mrs. Charles Schumacher, Jr.	32 00

Mrs. Oscar Straus	$32 00
Mrs. Charles D. Stickney	120 00
Mrs. William C. Stuart	20 00
Mrs. Charles R. Smith	10 00
Mrs. William Jay Schieffelin	10 00
Mrs. Robert Sedgwick	10 00
Mrs. Francis Schell	10 00
Mrs. F. Leopold Schmidt	10 00
Mrs. William R. Stewart	10 00
Mrs. R. A. C. Smith	10 00
Mrs. E. P. Smith	10 00
Mrs. Charles D. Smith	10 00
Mrs. L. Y. Shepherd	10 00
Mrs. David Stevenson	10 00
Mrs. James Scott	10 00
Mrs. Henry Steers	10 00
Mrs. William Solomon	10 00
Mrs. Mason A. Stone	10 00
Mrs. C. Vincent Smith	10 00
Mrs. Charles Sooysmith	10 00
Mrs. Gardiner Sherman	10 00
Mrs. J. G. Phelps Stokes	10 00
Mrs. N. Seeley	10 00
Mrs. Abel I. Smith	10 00
Mrs. William Douglas Sloane	10 00
Mrs. Esleeck Sheldon	10 00
Mrs. L. Jacquelin Smith	10 00
Mrs. Sherwood	10 00
Mrs. Francis Schroeder	10 00
Mrs. Wallac Shillito	10 00
Mrs. C. C. Shayne	10 00
Mrs. James Russell Soley	10 00
Mrs. Woodruff Sutton	10 00
Mrs. W. W. Skiddy	10 00
Mrs. J. Hopkins Smith	10 00
Mrs. Edmund Lyman Short	10 00
Mrs. James Speyer	10 00
Mrs. Louis Leo Stanton	10 00
Mrs. John Sloane	10 00
Mrs. Marion Story	10 00
Mrs. James H. Stebbins	10 00
Mrs. Joseph Stickney	10 00
Mrs. Harry Sedgwick	10 00
Mrs. William Gerry Slade	10 00
Mrs. E. B. Sexton	10 00
Mrs. Coleman Smith	10 00
Mrs. F. A. Starring	10 00

Mrs. Allen Schenck	$10 00
Miss Schenck	10 00
Mrs. J. Rhinelander Stevens	10 00
Mrs. W. Watts Sherman	10 00
Mrs. Henry A. C. Taylor	162 00
Mrs. Henry G. Trevor	10 00
Mrs. Roderick Terry	22 00
Mrs. Henry C. Tinker	10 00
Mrs. William H. Tailer	22 00
Mrs. W. Prall Thompson	10 00
Mrs. Victor C. Thorne	30 00
Mrs. Allen Tucker	10 00
Miss Mary G. Thompson	10 00
Mrs. John B. Trevor	10 00
Mrs. E. N. Tailer	10 00
Mrs. Samuel C. Thompson	10 00
Mrs. Edw. Vincent Thebaud	10 00
Mrs. Spencer Trask	10 00
Mrs. Henry Morgan Tilford	10 00
Mrs. David Thompson	10 00
Mrs. Samuel C. Thompson	10 00
Mrs. Ramsay Turnbull	10 00
Mrs. Edw. Taylor Hunt Talmage	10 00
Mrs. John A. Townsend	10 00
Mrs. Albert Tilt	10 00
Mrs. Trull	10 00
Mrs. E. M. Townsend	10 00
Mrs. Moses Taylor	10 00
Mrs. Frederick W. Vanderbilt	1,650 00
Mrs. John King Van Rensselaer	10 00
Mrs. Herman Vogel	10 00
Mr. Frederick W. Vanderbilt	1,000 00
Mrs. Cornelius Vanderbilt	1,000 00
Mr. W. K. Vanderbilt	1,000 00
Mrs. Samuel H. Valentine	10 00
Mrs. Oliver J. Wells	22 00
Miss Wolfe	20 00
Mrs. John A. Weekes	45 00
Mrs. Stamford White	20 00
Mrs. John D. Wood	20 00
Mrs. Beavor Webb	22 00
Mrs. George G. Williams	32 00
Mrs. R. M. Stuart Wortley	10 00
Mrs. Robert Winthrop	45 00
Mrs. William C. Whitney	32 00
Mrs. George Henry Warren	20 00
Mrs. Edward Winslow	22 00

Mrs. Francis Dana Winslow	$20 00
Mrs. John J. Wysong	122 00
Mrs. Charlotte S. Witherbee	20 00
Mrs. Frank S. Witherbee	22 00
Mrs. Edwin H. Weatherbee	40 00
Mrs. Woerishoeffer	32 00
Mrs. Lorenzo G. Woodhouse	22 00
Miss Mary Livingston Willard	10 00
Mrs. Levi Candee Weir	10 00
Mrs. Edward Winslow	10 00
Mrs. Jacob Ewing Ward	10 00
Mrs. William G. Wheeler	10 00
Mrs. J. B. Wetherill	10 00
Mrs. John D. Wing	10 00
Mrs. John T. Williams	10 00
Mrs. John H. Watson	10 00
Mrs. Edward A. Wickes	10 00
Egerton L. Winthrop	1,000 00
Mrs. Grenville Lindall Winthrop	10 00
Mrs. Daniel T. Worden	10 00
Mrs. William Seward Webb	10 00
Mrs. Allan C. Washington	10 00
Mrs. E. Walpole Warren	10 00
Mrs. B. Franklin Watkins	10 00
Mrs. John Jay White, Jr	10 00
Mrs. Camille Weidenfeld	10 00
Mrs. Jacob Wendell, Jr	10 00
Mrs. Thomas L. Walton	10 00
Mrs. James K. Whitaker	10 00
George G. Williams	1,000 00
F. Delano Weekes	1,000 00
Mrs. Thomas S. Young, Jr	10 00
Mrs. Augustus Zabriskie	10 00
	$44,299 00

ANNUAL SUBSCRIPTIONS.

Miss A. E. Breese	$5 00
Miss N. E. Baylies	10 00
Mrs. George Boldt	25 00
Mrs. Lloyd Bryce	25 00
William Allen Butler, Jr	10 00
Mrs. Lewis L. Delafield	10 00
William A. Duer	100 00
Mrs. William A. Duer	100 00
Mrs. C. R. Flint	10 00
Mrs. G. G. Haven	25 00

Mrs. John G. Heckscher	$25 00
Henry Hildburgh	10 00
Mrs. William Iselin	100 00
A. Iselin, Jr.	50 00
Miss A. B. Jennings	5 00
Mrs. J. L. Lawrence	50 00
Mrs. Adolph Ladenburg	25 00
Alexander Maitland	25 00
Clarence H. Mackay	25 00
Mrs. Clarence H. Mackay	25 00
Louis Marshall	10 00
Thomas Newbold	100 00
Mrs. Louis Lee Stanton	5 00
Mrs. Charles Schumacher, Jr.	5 00
Mrs. Henry Sloane	100 00
Mrs. Victor Sorchan	20 00
Jacob H. Schiff	25 00
Mrs. Samuel Sachs	15 00
Benjamin Tuska	10 00
Mrs. J. Kennedy Tod	10 00
Cornelius Vanderbilt	100 00
Mrs. Vanderbilt	100 00
Mrs. Hamilton Fish Webster	10 00
Mrs. L. Wilmerding	5 00
George G. Wheelock	10 00
Mrs. F. S. Witherbee	10 00
Mrs. Douglas Robinson	5 00
	$1,200 00

DONATIONS NOT INCLUDED IN THE FOREGOING LIST.

Endowment Fund.

Henry Budge	$100 00
William E. Randolph	1,000 00
R. H. Robertson	1,000 00

Ward in New Hospital.

Mrs. Frederic Cromwell	$200 00

DONATIONS, 1898.

All Angels' Church, Eighty-first street and West End avenue—Flowers for Easter.

Irvington Branch of the Needlework Guild, Mrs. A. L. Barney, President—Baby clothing.

Mrs. H. M. Dewees, President, Needlework Guild, No. 12 West Eighteenth street—Baby clothing and 12 handkerchiefs.

Mrs. F. G. Bourne—Flowers.

Mrs. Halstead Meyers—27 sheets and 23 slips.

Flower Mission, No. 104 East Twentieth street—Flowers.

John H. Davis, No. 24 Washington Square, North—Books and magazines.

Mrs. J. Van Tassel, No. 342 East Seventeenth street—Books and magazines.

Dr. Austin Flint, Jr.—Magazines.

Mrs. M. Miller, a former patient, No. 110 Christie street—1 brass inkstand, paper holder and pen.

GRADUATE NURSES,

Society of the Lying-in Hospital, from October 1, 1897, to September 30, 1898.

Miss Jennie Brock.
" Emma Donnelly.
" Margaret Leonard.
" Mary McManus.
" Anna J. Hutchinson.
" Agnes Marian Lamb.
" Elizabeth Dunlop McCulloch.
" Mary A. Walsh.
" Helen T. Newhort.
" Edith Stannard.
" Isabel Douglass Richmond.
" Alice Louise MacDonnell.
" Alice Mary Kyle.
" Etta Lidelia Jacks.
" Mary Elizabeth Cruso.
" Mareret E. O'Brien.
" Suzanne Ella M. Stanbury.
" Olive L. Tappen.

Miss Florence Maud Holmes.
" Agnes J. O'Geran.
" Mary O'Rorke.
" May M. V. Finn.
" Alice Gertrude Ryan.
" Agnes Geraldin Woods.
" Gertrude B. Tobin.
" Grace Adele Palmer.
" Elizabeth Martin.
" Lilla A. Monohan.
" Jessie L. De Freest.
" Harriet J. Weakley.
" Louie Olive Gould.
" Margaret A. Hickey.
" Agnes Fletcher.
" Iola Louise Munroe.
" Mary Francis J. O'Connor.
" Julia Armstrong.

Miss Aimee Isabel McDonell.

Form of Certificate.

SOCIETY OF THE LYING-IN HOSPITAL

Of the City of New York,

Incorporated March 1, 1799.

This is to Certify that

.....

has served as.....in this Institution from.....to.....and during this period has faithfully and satisfactorily performed all duties assigned to him.

Dated at New York City.

.....

President.

.....

Secretary.

Consulting Physicians:

Attending Physicians:

GRADUATE STUDENTS,

From October 1, 1897, to September 30, 1898.

German Arellan, New York, N. Y.
George Anderson, New York, N. Y.
Morris R. Altman, New York, N. Y.
A. A. Atha, New York, N. Y.
H. H. Allee, Jr., Brooklyn, N. Y.
Edward A. Aronson, New York, N. Y.
A. J. Abul, Syracuse. N. Y.
V. Aldridge, Brooklyn, N. Y.
R. B. Anderson, Queens, L. I., N. Y.
S. M. Adams, Mt. Vernon, N. Y.
Raymond L. Baker, Utica, N. Y.
C. C. Beckley, Burlington, Vt.
Chas. A. Bonney, Jr., New Bedford, Mass.
H. W. C. Bodecker, New York, N. Y.
Paul G. Bauerberg, New York, N.Y.
M. S. Borden, New York, N. Y.
Charles S. Benson, New York, N. Y.
W. H. Buritt, Hautsville, Ala.
Geo. E. Beilby, Albany, N. Y.
F. D. Branch, E. Springfield, N. Y.
I. A. Bartley, New York, N. Y.
L. E. Brinker, Covington, Ky.
W. A. Blackford, Elizabeth, N. J.
I. H. Berry, New York, N. Y.
Milton J. Ballin, New York, N. Y.
Jotham F. Black, Springfield, Mass.
Daniel B. Brinsmade, Washington, Conn.
Peter Bisher, New York, N. Y.
E. W. Banta, New York, N. Y.
Leon Bandler, New York, N. Y.
A. A. Burdick, New London, Conn.
Samuel Barasz, New York, N. Y.
Fred. F. R. Berlin, New York, N. Y.
R. D. Baker, Auburn, N. Y.
Jas. H. Bute, Houston, Tex.
W. F. Bivings, Dalton, Ga.
James E. Burns, Glen Cove, L. I., N. Y.
John Carling, New York, N. Y.
H. S. Cooley, Peekskill, N. Y.
W. F. Caffrey, Westfield, Mass.
J. Cavanaugh, Worcester, N. Y.
Richard Cohn, Newark, N. J.
Claude G. Crane, New York, N. Y.
G. B. Citron, New York, N. Y.
S. L. Cash, Newbury, S. C.
S. Clurman, New York, N. Y.
Morris Cinberg, New York, N. Y.
G. S. Carpenter, Nichols, N. Y.
Jas. W. Courtney, Burlington, Vt.
Geo. H. Close, New York, N. Y.
Thomas S. Clay, Jr., Savannah, Ga.
A. C. Cordes, Hoosack Falls, N. Y.
A. H. Damon, Charlotte, Maine.
J. A. Dean, New York, N. Y.
Fred. A. Deal, Green Island, N. Y.
Ernot E. Dinkler, Brooklyn, N. Y.
Max Danzis, New York, N. Y.
L. J. Davis, Watertown, N. Y.
E. Dooley, Valley Falls, N. Y.
C. W. Ellison, Anamosa, Ia.
Edmund C. Ehlers, New York, N. Y.
O. M. Edwards, Jr., Pittsburgh, Pa.
C. V. Everitt, Jersey City, N. J.
Haven Emerson, New York, N. Y.
Philip Eichler, New York, N. Y.
R. Friedman, New York, N. Y.
Geo. H. Finch, Burlington, Vt.
Frank C. Frisbie, Amsterdam, N. Y.
William A. Funk, New York, N. Y.
C. J. Fitzgerald, Middletown, Conn.
Geo. H. Fish, Saratoga, N. Y.
James H. Flynn, Lansingburg, N.Y.
H. J. Fry, New York, N. Y.
F. Fox, Baltimore, Md.
A. E. Fendrich, New York, N. Y.
Sherman K. Foote, New York, N. Y.
Clarence Fahnenstock, New York, N. Y.
C. L. Finke, Brooklyn, N. Y.

H. D. Furniss, Selma, Ala.
L. A. Friedman, New York, N. Y.
M. Frankel, New York, N. Y.
Leopold Freiberger, New York, N. Y.
F. Falk, New York, N. Y.
G. E. Gallaway, New York, N. Y.
S. F. Gorden, Marlborough, N. Y.
Samuel A. Gluck, New York, N. Y.
William H. Grinell, Rutland, Vt.
Harry H. Gormly, Troy, N. Y.
S. F. George, Seneca Falls, N. Y.
H. Greenstein, New York, N. Y.
J. C. Gross, New York, N. Y.
Ignatius L. Goodfried, New York, N. Y.
Maxwell Goldstein, New York, N. Y.
P. H. Groginsky, New York, N. Y.
S. W. Greenbaum, New York, N. Y.
J. S. Garland, Syracuse, N. Y.
Chas. A. Goodrich, Hartford, Conn.
E. L. Hicks, Oshkoab, Wis.
Fred C. Hunt, Sinclairville, N. Y.
Otto Heydeman, New York, N. Y.
Hampton P. Howell, West Hampton, L. I., N. Y.
Eugene Hinman, Albany, N. Y.
Henry Hammond, Slingerland, N. Y.
Edward L. Hanes, Albany, N. Y.
Isaiah Hoffman, New York, N. Y.
B. Hyams, New York, N. Y.
Robert H. Halsey, Astoria, N. Y.
Perry B. Hough, New York, N. Y.
Max Horowitz, New York, N. Y.
B. K. Hoxie, Auburn, N. Y.
Samuel Hertzstein, New York, N. Y.
George W. Hawley, New York, N. Y.
Jacob Heller, New York, N. Y.
Chas. E. Hecht, New York, N. Y.
D. Hirschman, Crotona Park, N. Y.
W. L. Huggins, Salamanca, N. Y.
E. A. Henkle, New York, N. Y.
H. N. Howe, Monson, Mass.
A. H. Hilsman, Albany, N. Y.
R. W. E. Irvin, New York, N. Y.
E. L. Ingersoll, Telluride, Colo.
G. A. Jones, New York, N. Y.
Mark B. Johnson, New York, N. Y.
Nathan Jenks, Detroit, Mich.
Philip D. Kerrison, New York, N. Y.
Frank Henry Knight, Brooklyn, N. Y.
Frank J. Keller, Paterson, N. J.
Max Krueger, Stapleton, S. I., N. Y.
Samuel Kahn, New York, N. Y.
Geo. W. Kosmak, New York, N. Y.
J. F. Kaspar, Prague, N. Y.
Henry M. Kalvin, New York, N. Y.
C. J. Kane, Paterson, N. J.
Frederick L. Keays, New York, N. Y.
M. Kleinman, New York, N. Y.
Sig. Krumholz, New York, N. Y.
O. Kothe, Farm of Union, N. J.
J. Khodoff, New York, N. Y.
G. S. Locke, Jr., Concord, N. H.
John Lake, Jr., New York, N. Y.
S. G. Lee, Brooklyn, N. Y.
A. D. Linch, New York, N. Y.
Walter A. Leonard, Hoosack Falls, N. Y.
Edward Levy, New York, N. Y.
J. A. Latimer, Charden, Ohio.
L. C. Love, Montclair, N. J.
Judson Lipes, Albany, N. Y.
J. F. Lowney, Fall River, Mass.
A. Lustgarten, New York, N. Y.
William Levy, New York, N. Y.
John Lautman, Jersey City, N. J.
Jas. Lebenstein, New York, N. Y.
Jas. W. Lackey, Scranton, Pa.
G. R. Little, Mechanicsville, N. Y.
R. H. Lawlor, E. Douglas, Mass.
W. G. Malcolm, Jericho, L. I., N. Y.
C. S. Mack, Brooklyn, N. Y.
J. Y. Mangum, Creedmoore, N. C.
M. Mandelbaum, New York, N. Y.
G. Martinez, New York, N. Y.
Thos. H. Murphy, River Point, R. I.
Edward C. Murphy, River Point, R. I.
Wm. A. Mahnken, New York, N. Y.
A. Machlin, Passaic, N. J.

Edward J. Morris, Brooklyn, N. Y.
F. B. Meeker, Newark, N. J.
A. E. Munson, New York, N. Y.
W. C. Montgomery, New York, N. Y.
B. W. Mather, Albany, N. Y.
John W. Moore, Jr., Lexington, Va.
M. H. Mulholland, Massena, N. Y.
A. A. McCurdy, Norfolk, Va.
Alexander B. McDowell, West Salisbury, Vt.
W. McFee, Haverhill, Mass.
Robert F. McGinness, New York, N. Y.
D. A. McCarthy, Troy, N. Y.
W. O. McLachlan, New York, N. Y.
Bernard McBride, New York, N. Y.
Ralph N. Newton, West Topsham, Vt.
Mary W. Nilss, Newark, N. J.
John C. C. Neilson, New York, N. Y.
P. A. Neff, Louisville, Ky.
D. J. O'Brien, Portland, Me.
F. J. O'Brien, Rochester, N. Y.
S. Peskin, New York, N. Y.
D. C. Powell, Logansport, Ind.
Guy Payne, New York, N. Y.
William E. Park, Elbridge, N. Y.
Everitt C. Perkin, Mechanics Falls, Maine.
C. C. K. Phelps, Perchriver, N. Y.
Maurice Packard, Syracuse, N. Y.
B. G. Phillips, Brooklyn, N. Y.
William Park, New York, N. Y.
Palmer A. Potter, New York, N. Y.
John H. Plath, Jr., New York, N. Y.
P. S. Page, Williamsport, Pa.
John O. Peterson, Brooklyn, N. Y.
J. M. Polk, New York, N. Y.
Charles V. Paterno, New York, N. Y.
Charles E. Pierson, New Brighton, S. I.
N. E. Pressly, Due West, S. C.
F. Palmer, Bloomville, N. Y.
H. A. Pawling, Watertown, N. Y.
W. D. Pinsoneault, Watertown, N. Y.
Wm. Rachlin, New York, N. Y.
N. O. Ratnoff, New York, N. Y.
Isaac M. Rubino, New York, N. Y.
Walter H. Ross, Brooklyn, N. Y.
J. T. Rogers, New York, N. Y.
J. E. Rawls, Holland, Va.
Edward Rutlidge, Charleston, S. C.
Henry Reiter, New York, N. Y.
M. Rosier, New York, N. Y.
W. S. Rawdin, New York, N. Y.
A. G. Sage, Limston, N. Y.
Benjamin F. Sturgis, Jr., Auburn, Maine.
J. W. Schereschewsky, Hanover, N. H.
P. B. Stewart, Dresh Superior, Ohio.
Charles L. Spaulding, Boston, Mass.
E. W. Schirrman, New York, N. Y.
H. M. Schultz, New York, N. Y.
M. D. Sedam, Logansport, Ind.
Robert McEwen Schauffler, Kansas City, Mo.
C. L. Spaulding, Boston, Mass.
Wm. R. Sears, New York, N. Y.
L. A. Sanders, Tilton, N. H.
Geo. F. Swan, New York, N. Y.
Samuel Schneider, New York, N. Y.
James F. Stewart, Jamaica, L. I., N. Y.
A. E. Shipley, Brooklyn, N. Y.
F. G. Sloane, New Haven, N. Y.
L. F. Smith, Newark, N. J.
C. A. Spivack, New York, N. Y.
Walter A. Shoales, Plymouth, N. Y.
Irene Stidd, Port Jervis, N. Y.
M. Schiller, New York, N. Y.
H. McVicker Smith, Orleans, N. Y.
Harry V. G. Smith, Jersey City, N. J.
H. H. Shea, Fall River, Mass.
E. C. Syrett, Springfield, Mass.
M. Sophian, New York, N. Y.
William Stone, New York, N. Y.
A. J. Smith, Rodman, N. Y.

Herman F. Senftner, New York, N. Y.
R. J. E. Scott, New York, N. Y.
A. E. Sellening, Chillicothe, Ohio.
A. Schoen, New York, N. Y.
H. B. Smith, Bath, N. Y.
Fisher E. Smith, Leadville, Colo.
Geo. Seufert, New York, N. Y.
C. J. J. Spaid, Philmont, N. Y.
Fred. A. Smart, Troy, N. Y.
B. L. Sweat, Petersburgh, N. Y.
Charles C. Trembly, Utica, N. Y.
Edward M. Thompson, New York, N. Y.
Wm. F. Tilley, Burlington, Vt.
Earl B. Twist, Passaic, N. J.
G. S. Towne, Saratoga, N. Y.
R. D. Tomlinson, Plainfield, N. J.
Edwin M. Trook, Converse, Ind.
J. H. Tallman, Mt. Vernon, N. Y.
M. E. Van Aernem, Saratoga, N. Y.
H. J. Van Wagenen, Westernville, N. Y.
M. A. Wardwell, S. Hancock, Maine.
M. Manley Waterhouse, New York, N. Y.
Paul J. Werner, New York, N. Y.
John J. White, New York, N. Y.
A. L. B. Weindrug, New York, N. Y.
Adolph Wacchter, New York, N. Y.
Jacob M. Wallfield, New York, N. Y.
Chester F. Whitney, Brooklyn, N. Y.
G. W. Wren, Bridgeport, Conn.
E. G. Weibel, McKean, Pa.
L. D. Weiss, New York, N. Y.
James Watt, Brooklyn, N. Y.
B. Whyman, New York, N. Y.
David G. Yates, Hoboken, N. J.

STUDENTS' FEES.

October 1, 1897, to September 30, 1898.

October	$310 00
November	550 00
December	559 15
January	270 00
February	....
March	317 47
April	360 00
May	520 00
June	927 00
July	645 00
August	940 00
September	720 00
	$6,118 62

SUMMARY.

COLLEGE REGISTRATION OF GRADUATES.

Bellevue Medical College of New York City	2
University Medical College of New York City	1
Physicians and Surgeons' Medical College of New York City	7
University of Virginia	1
Warsaw Medical College, Russia	1
Syracuse Medical College	1
South West Homeopathic College, Louisville, Ky	1
Columbia College, Washington, D. C	1
Bowdoin Medical College	1
Womens' Medical College, New York City	1
University Medical College of Vermont	3
University of Kentucky	1
Vanderbilt Medical College, Tennessee	1
Georgetown University Medical College	1
Maine Medical College	1
Albany Medical College	1
Baltimore University Medical College	1
South Carolina Medical College	1
Long Island Medical College, Brooklyn	1
Port Jervis Hospital, New York	1
Rush Medical College, Chicago, Ill	1
Eclectic Medical College, New York City	1
Dartmouth Medical College, Hanover, N. H	1
	32

SUMMARY.

COLLEGE REGISTRATION OF STUDENTS.

Bellevue Medical College, City of New York	104
University Medical College, City of New York	59
College of Physicians and Surgeons, City of New York	38
Albany Medical College, N. Y	20
Yale Medical College, New Haven, Conn	1
University of Vermont	9
Dartmouth Medical College, Hanover, N. H	3
Long Island College, Brooklyn, N. Y	2
College of Physicians and Surgeons, Baltimore, Md	1
Baltimore Medical College	1
Buffalo University, N. Y	1

Bowdoin Medical College	1
Western Reserve Medical College, Cleveland, Ohio	2
University of Virginia	1
Tufts College, Boston, Mass	1
University of Pennsylvania	1
	245

ITEMIZED COST OF FOOD SUPPLIED HOSPITAL,

From October 1, 1897, to September 30, 1898.

Beef	$1,671 10
Mutton	664 75
Pork	131 44
Poultry	306 36
Fish, fresh	240 65
Fish, salt and canned	33 27
Oysters and clams	118 33
Tea	62 58
Coffee	201 61
Sugar	247 40
Farinaceous food	41 67
Butter	413 00
Cheese	22 67
Milk	738 37
Eggs	333 79
Spices	18 56
Pickles	70 45
Bread	524 18
Flour	79 59
Vegetables, fresh	366 38
Vegetables, canned	171 52
Potatoes	235 90
Fruits, fresh	149 28
Fruits, canned	236 85
Hams	32 22
Bacon	20 60
Groceries, assorted	105 69
	$7,238 21

PROPOSED NEW HOSPITAL BUILDING.

The proposed new hospital building will cover the entire site now owned by the Society, corner of Second avenue, Seventeenth and Eighteenth streets, having a westerly projection of about half its length. This will give a width of eighty-three feet on Seventeenth street, one hundred and sixteen feet on Eighteenth street and a frontage of one hundred and eighty-four feet on Second avenue.

The building will be ten stories in height and will have a fireproof construction of steel, brick and stone. The lower part will be built of limestone, and the superstructure will be brick with limestone facings. The main entrance to the hospital will be on the avenue, and side entrances will open on Seventeenth and Eighteenth streets.

On the cellar floor there are furnaces, dynamo-room, ventilating, elevator and other machinery, storerooms and a disinfecting plant.

Basement Floor.

On the south is located the students' dormitory, consisting of thirty beds, connecting with the students' sitting-room on Second avenue. The Eighteenth street side is occupied by examining rooms, an isolating room and a room for clinical instruction. A manikin instruction-room, the autopsy-room and the deadroom are in the northwest part of the basement, separated from the rest of the building by the open-air ambulance passageway.

The entrance on Second avenue leads to the Out-patient Physicians' offices, adjoining the nurses' workroom and the drugroom. In the centre of the building is located a storeroom for patients' clothes, reception-room, bathroom for patients, the Assistant Registrar's room, students' history-room and students' lavatories and bathrooms.

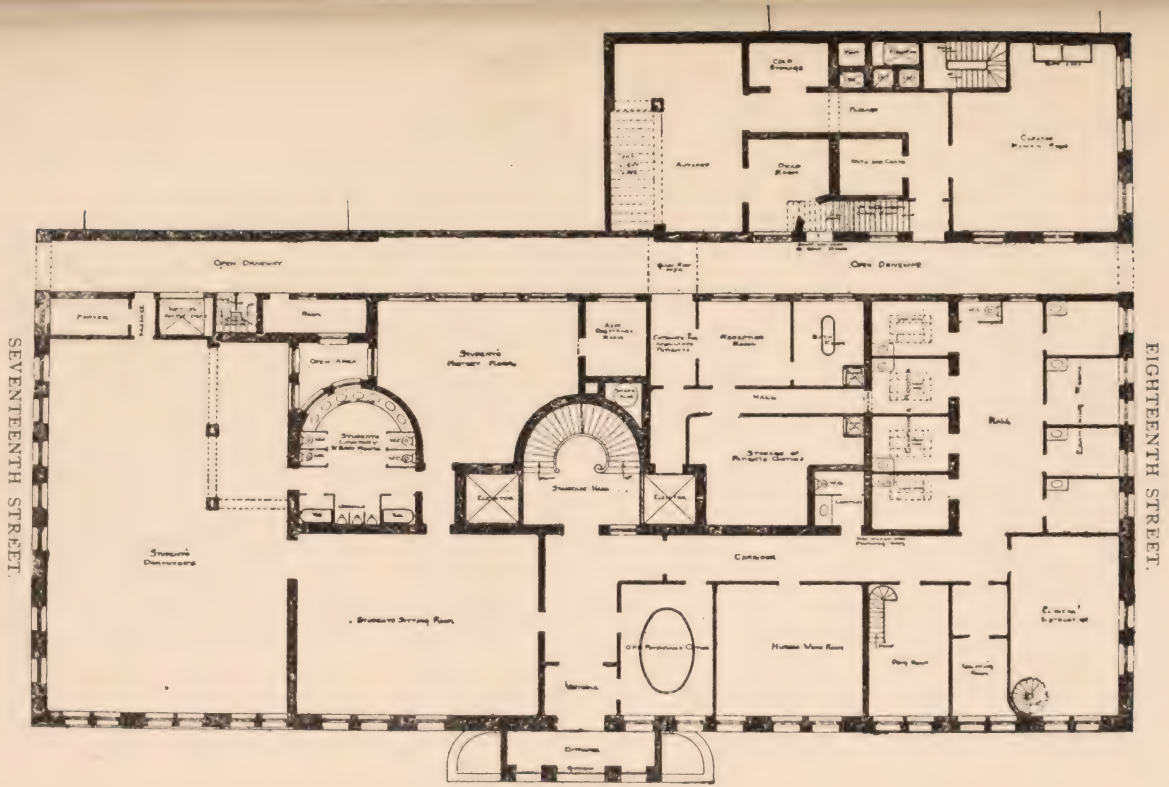
SOCIETY OF THE LYING-IN HOSPITAL.

Itemized List of Expenses from October 1, 1897, to September 30, 1898.

	Rent	Telephone.	Gas	Fuel.	Salaries Medical Staff.	Salaries Nurses	Salaries Administration	Salaries Servants.	Pathological Supplies.	Laundry Supplies.	Medical Stationery and Printing.	Certificates.	Annual Report	Postage	Car fare	Advertising.	Ice.	Medicines.	Medical Supplies	Instruments and Repairs.	Furniture.	Bedding	Dry Goods.	Household Supplies	Food.	Repairs and Improvements	Total
1897.																											
October	$40 00	$22 47	$61 44	$94 00	$345 00	$65 00	$193 33	$302 96	$68 94	$3 75	$53 13	$4 75	.....	$3 60	$5 35	.....	$24 28	$44 20	$115 91	$20 78	$7 10	.....	$48 45	$8 65	$615 42	$52 82	$2,199 33
November	40 00	23 87	78 00	4 80	345 00	65 00	193 33	305 47	6 55	5 35	134 80	.....	$418 32	133 24	4 30	31 25	21 32	14 15	96 39	27 95	.....	$7 50	.....	34 60	606 52	79 70	2,677 41
December	40 00	20 87	117 48	5 50	345 00	65 00	193 33	325 94	.....	.....	76 36	.....	.....	8 75	6 90	.....	10 43	57 04	147 22	9 05	11 80	.....	.....	22 02	671 32	71 71	2,205 72
1898.																											
January	65 00	22 27	129 85	4 80	345 00	65 00	443 33	316 04	68 09	5 70	54 00	7 00	.....	11 13	5 15	.....	7 55	47 57	138 66	10 00	.....	.....	.....	20 12	665 04	43 69	2,474 99
February	40 00	21 02	129 83	28 80	370 00	65 00	193 33	305 64	21 66	5 73	37 02	6 31	.....	7 50	5 92	31 25	6 64	46 42	139 79	8 45	.....	.....	32 00	20 18	600 25	77 25	2,199 99
March	40 00	20 42	109 59	76 80	370 00	65 00	193 33	313 33	4 50	4 90	43 40	7 00	.....	6 50	5 50	.....	4 79	34 24	113 50	22 20	2 98	.....	.....	29 73	569 01	163 26	2,199 98
April	40 00	21 32	102 46	55 20	370 00	65 00	193 33	325 40	.....	.....	148 59	.....	.....	2 00	4 05	31 20	11 73	42 70	107 40	.....	7 58	.....	60 25	19 04	574 14	404 86	2,584 25
May	40 00	20 97	86 24	48 00	370 00	65 00	193 33	308 91	3 00	.....	22 78	.....	.....	5 00	5 40	.....	9 86	43 97	161 28	11 60	22 10	16 00	.....	18 15	568 08	180 23	2,199 99
June	40 00	21 02	65 19	42 75	370 00	65 00	213 33	361 14	.....	.....	102 10	20 00	.....	4 00	3 70	.....	11 72	42 03	98 98	5 95	37 55	.....	.....	26 63	591 29	79 61	2,199 99
July	40 00	21 77	42 08	255 00	370 00	65 00	213 33	322 30	.....	5 55	52 70	7 00	.....	4 50	3 15	.....	20 52	38 16	105 66	1 18	7 43	.....	5 25	9 56	585 86	23 80	2,199 80
August	40 00	22 27	40 82	.....	370 00	65 00	213 00	335 53	.....	177 25	35 78	.....	.....	6 50	3 22	3 00	32 58	42 64	127 64	11 65	.....	.....	.....	50 47	592 29	30 30	2,199 94
September	40 00	22 84	49 79	.....	370 00	65 00	213 33	293 20	.....	5 74	103 30	.....	.....	6 00	3 65	.....	42 71	45 37	194 41	8 35	.....	.....	11 76	26 17	598 99	99 15	2,199 76
	$505 00	$261 11	$1,012 77	$615 65	$4,340 00	$780 00	$2,649 63	$3,815 86	$172 74	$213 97	$863 96	$52 06	$418 32	$198 72	$56 29	$96 70	$204 13	$498 49	$1,546 84	$137 16	$90 54	$23 50	$157 71	$285 32	$7,238 21	$1,306 38	$27,541 66

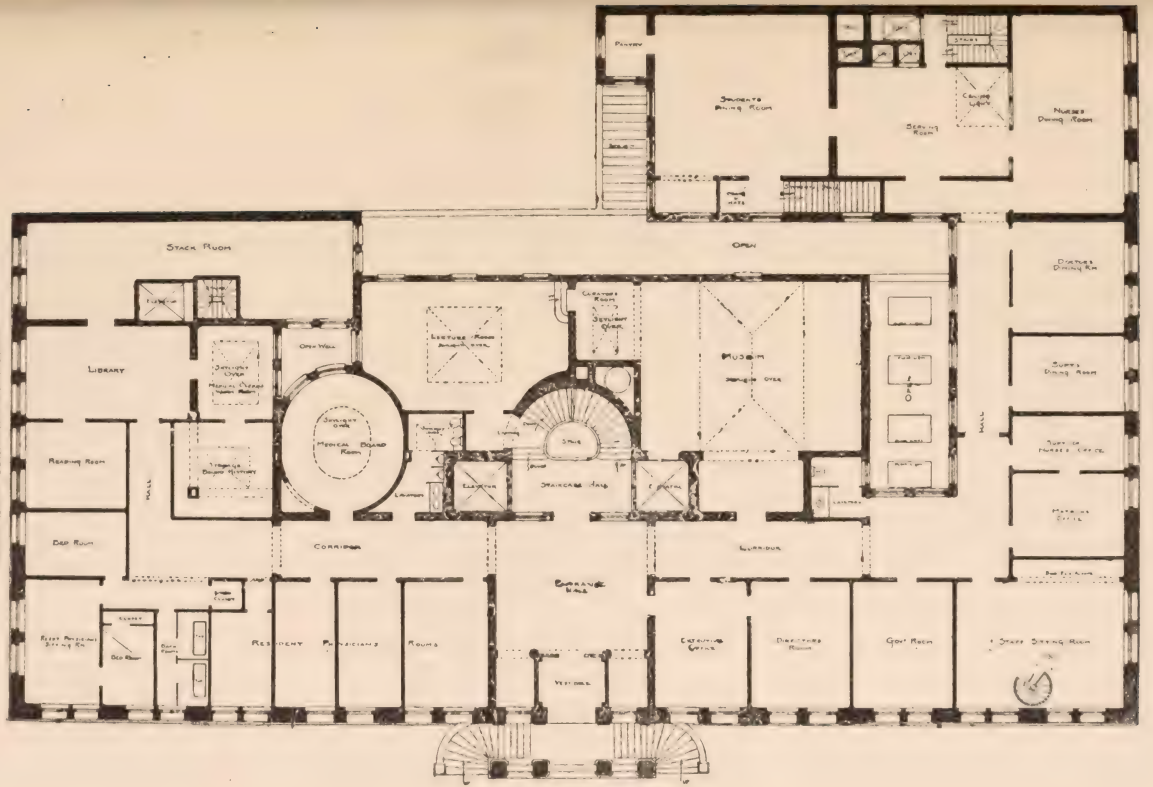


VIEW OF PROPOSED NEW HOSPITAL BUILDING FROM NORTHEAST


SEVENTEENTH STREET.
EIGHTEENTH STREET.
Open Driveway
Open Driveway
Porter
Room
Open Area
Students' Lavatory
Students' Dressing Room
Students' Reading Room
Students' Library
Students' Museum
Students' Museum
Students' Museum

First Story Plan.

This floor is given up mainly to Resident Physicians' rooms, executive offices, the staff sitting-room, students' dining-room, nurses' dining-room, serving-room, the doctors' dining-room, superintendent's dining-room, matron's and superintendents of nurses' offices. There is a large museum, lecture-room, library and storage-room for bound histories. The meeting-rooms for the Board of Governors and the Medical Board are here also.

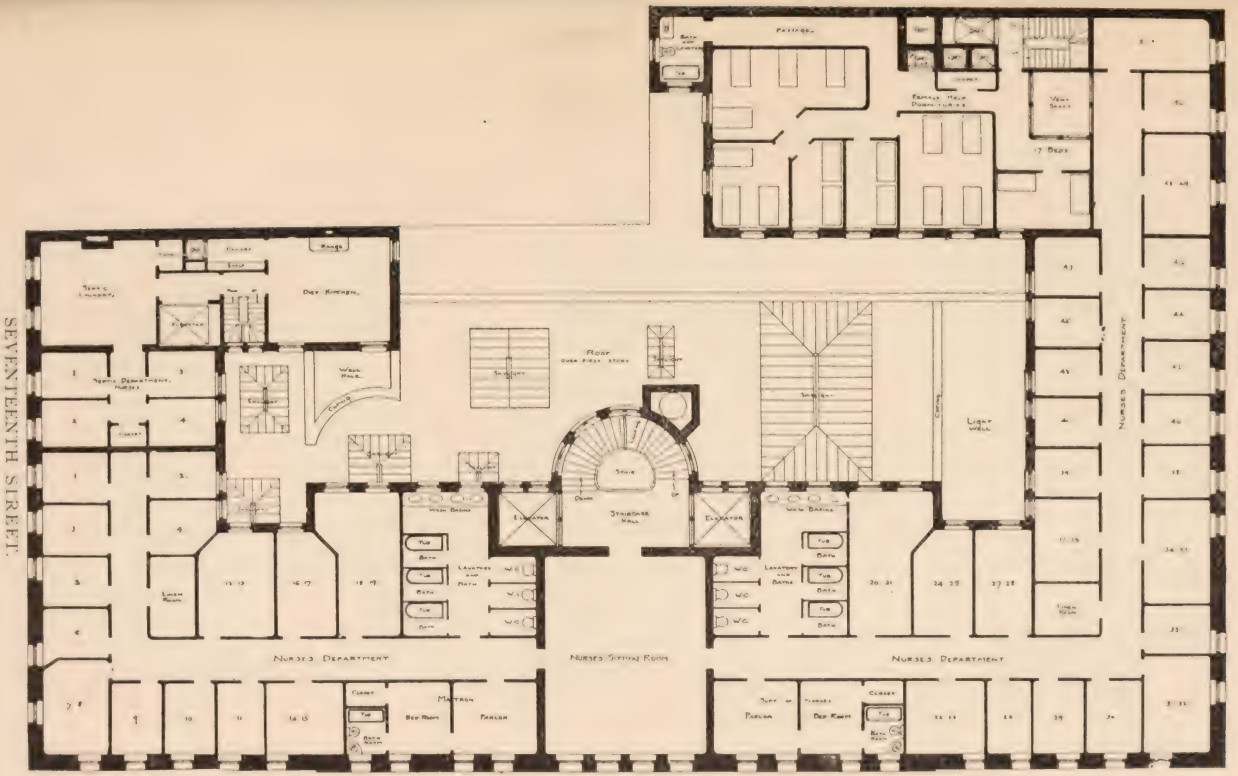


SOCIETY OF THE LYING-IN HOSPITAL.

FIRST STORY PLAN.

Second Story Plan.

The second story is given up largely to the nurses' department, which consists of a large nurses' sitting-room fronting on Second avenue, and numerous bedrooms and lavatories. The northwest portion, on Eighteenth street, is designed for female help. On the southwest corner, on Seventeenth street, the laundry and kitchen for the exclusive use of the septic department are arranged in such manner that the access to them can be gained only through a special stair and elevator leading from the open ambulance passage already spoken of.



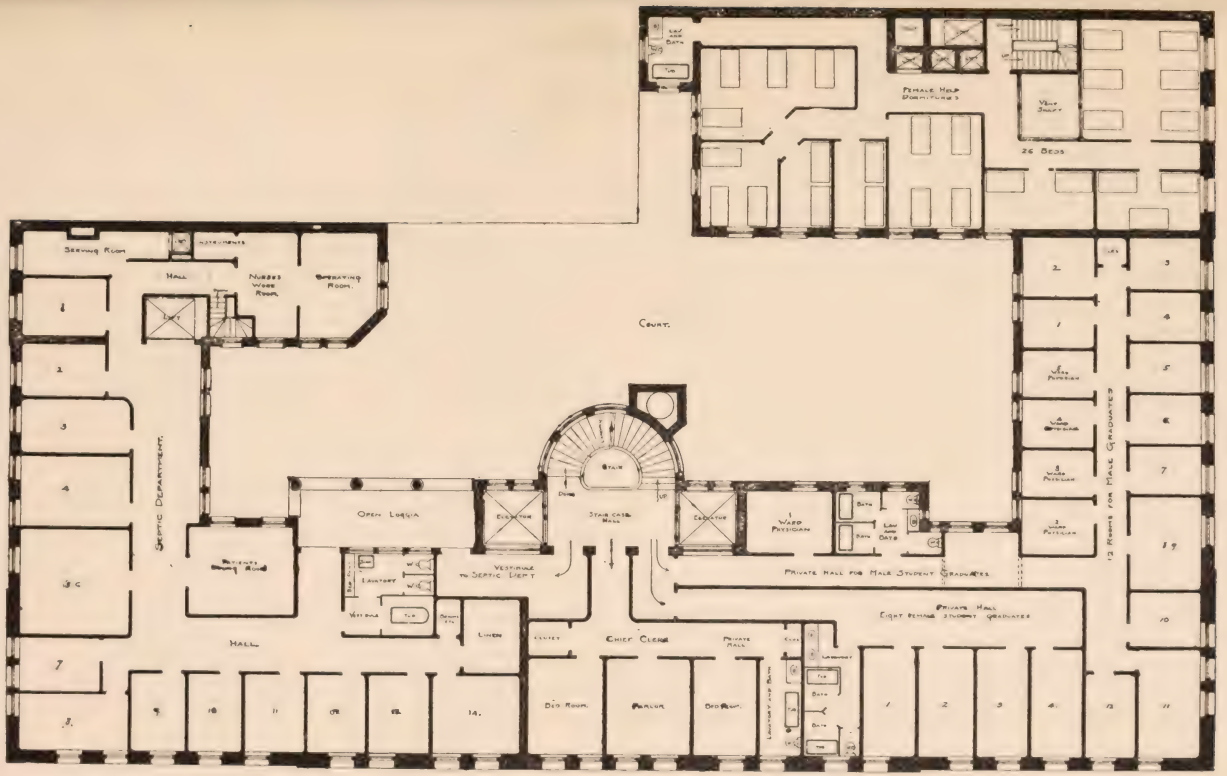
SOCIETY OF THE LYING-IN HOSPITAL.

SECOND STORY PLAN.

Third Story Plan.

The third story contains the bedrooms for male graduates, ward physicians, female student graduates, superintendent's family and additional rooms for the female help.

On the Seventeenth street side the septic department is located. Entrance to these isolation wards can be made only by going through the open air, either by the corridor or by the ambulance passage on the ground floor.



SOCIETY OF THE LYING-IN HOSPITAL.

THIRD STORY PLAN.

The fourth, fifth, sixth, seventh and eighth story plans are identical.

On the south, overlooking Stuyvesant Square, affording abundance of air and sunshine, is located a ward consisting of twenty beds; on Second avenue are the convalescent ward and Ward No. 2, consisting of eleven beds and other accommodations, including babies' ward and private rooms for special cases.

On the Eighteenth street side, separated from the wards proper by an open-air corridor, there is also an ante-partum ward, serving-room and dining-room for the ante-partum ward.

Delivery-rooms, lavatories and nurses' workrooms are conveniently located.

Ninth Story.

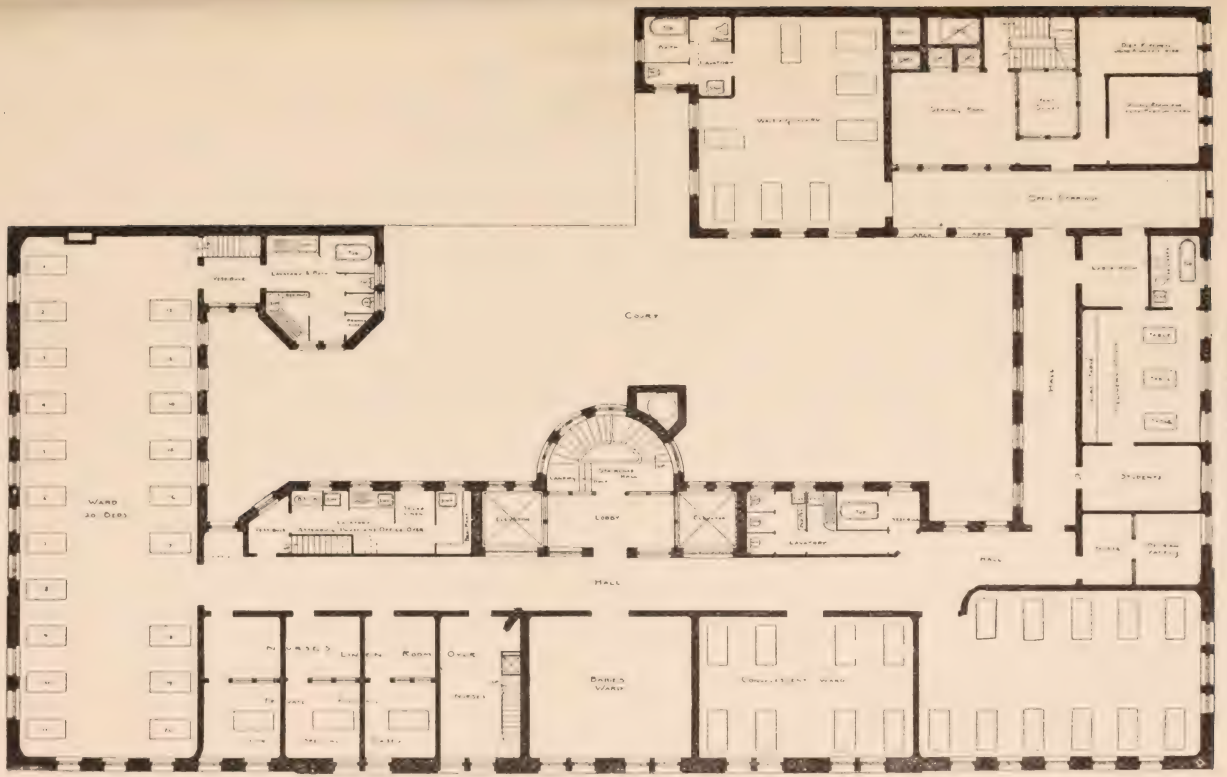
The ninth story is continued above the eighth in three large tower-like structures. The two on Second avenue contain, in the southern one laboratories, and in the northern one a large amphitheatre for lectures.

The laundry department occupies the Eighteenth street tower on this floor.

Tenth Story.

The tenth story is devoted to a continuation of the laboratories and additional amphitheatre seats.

The kitchen is above the laundry in the northwest tower.



SOCIETY OF THE LYING-IN HOSPITAL.

FOURTH, FIFTH, SIXTH, SEVENTH AND EIGHTH STORY PLANS.

Debt of the Society of the Lying-in Hospital.

The Board of Governors gave back a purchase-money bond and mortgage of $110,000 at 4½ per cent., due in eight years, on taking title in June, 1894, to the present Hospital property, and also borrowed from the United States Trust Company the sum of $60,000 at 3 per cent.

The Board of Governors gratefully acknowledge a fourth very generous contribution of $10,000 on account of the mortgage, making a total of $40,000, and which forms a special fund toward its payment.

Further donations have entirely cancelled the sum of $60,000 originally borrowed to complete the purchase of the Hospital property.

The total interest charges during the past year to the Society amount, it will be noted in the Treasurer's report, to $6,146.22.

Should further contributions be received from those disposed to aid the Society, more opportunity will be given the Society to extend its charitable work. Contributions are most earnestly solicited.

Ground and Floor Plan Present Hospital Building.

A diagram of the property owned by the Society of the Lying-in Hospital, situated on the northeasterly corner of Seventeenth street and Second avenue, is shown in the following page, and gives also the location of the present Hospital buildings.

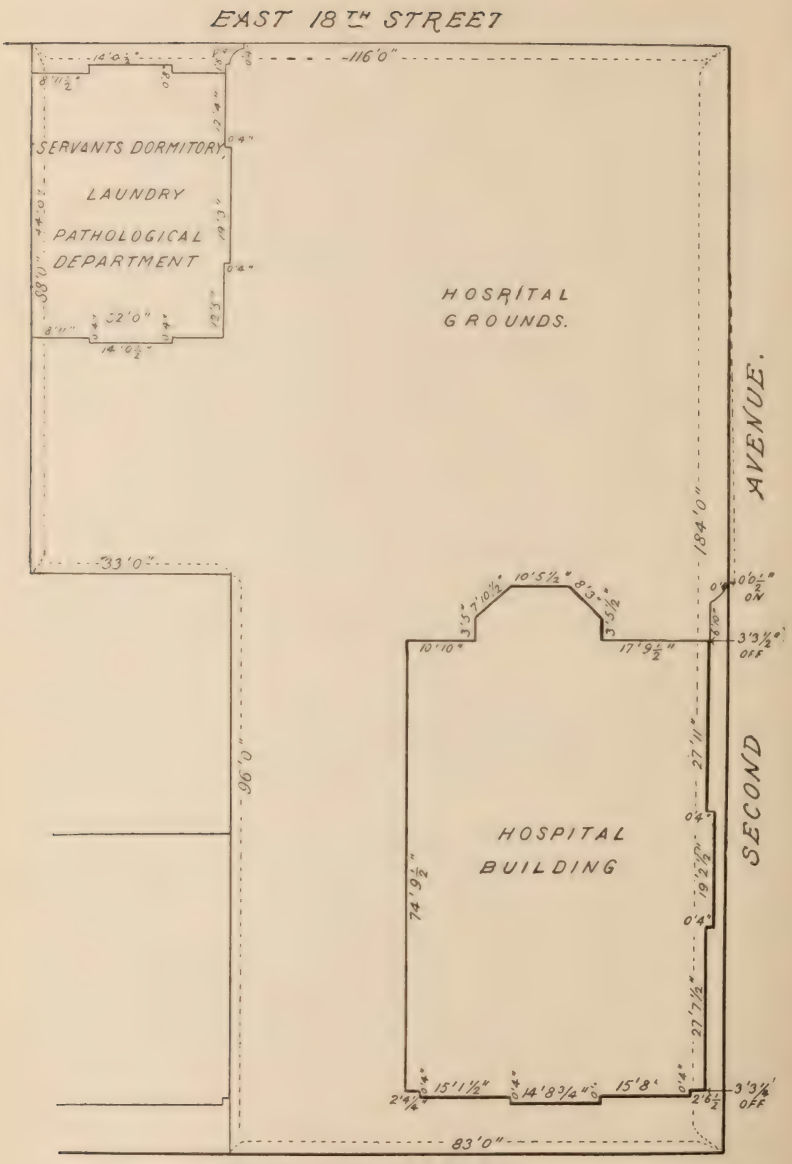
The property has a frontage of 184 feet on the avenue and extends 83 feet on Seventeenth street and 116 feet on Eighteenth street. It is near the stations of the elevated railroad at Eighteenth and Nineteenth streets, on Third and First avenues, being also accessible by means of the surface roads on Third and Second avenues and the crosstown cars on Seventeenth and Eighteenth streets, east and west. Transfers can now be obtained on these lines from almost every part of the city, making the Society's property convenient to reach from every direction.

The location, therefore, is not ony a central one, but is valuable in the facilities it gives poor people to be cheaply and quickly transported to it.

Opposite the Hospital property in Seventeenth street is Stuyvesant Square, containing between four and five acres of open space, affording the Hospital great advantages in respect to air and sunshine.

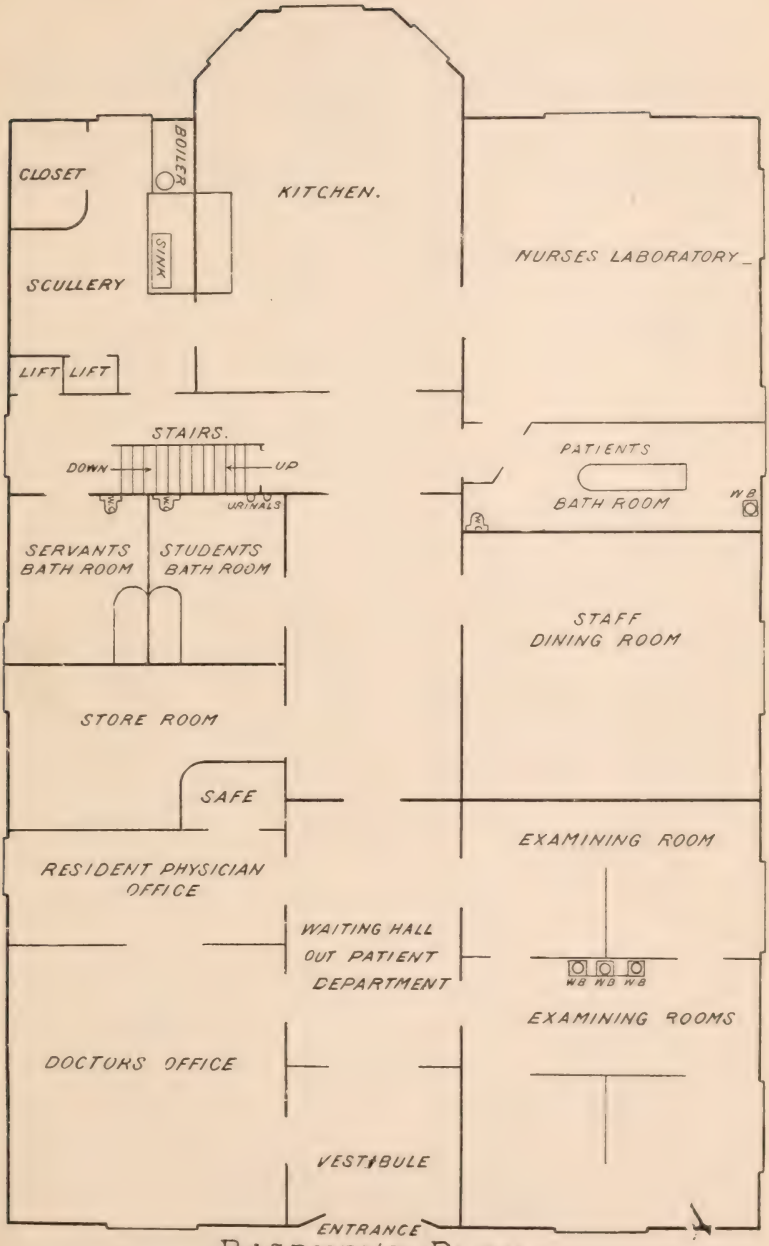
The extent of ground owned by the Society permits great opportunities for the enlargement of its work by additional buildings, and in the opinion of the Medical Board the situation is most advantageous for its future development.

The plans of the different Hospital floors in the present building are given, and serve to show how each room now at the disposal of the Medical Board is used in the conduct of the Hospital's work.

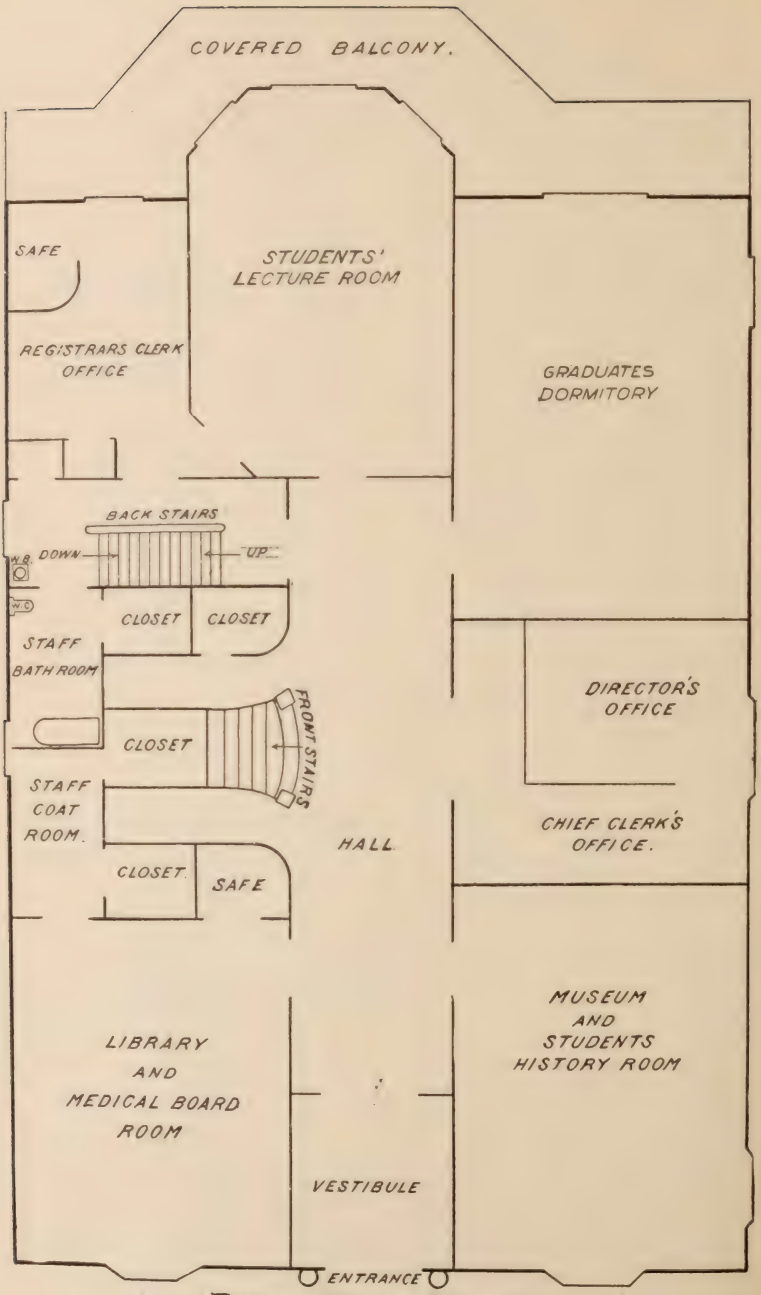


GROUND PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.

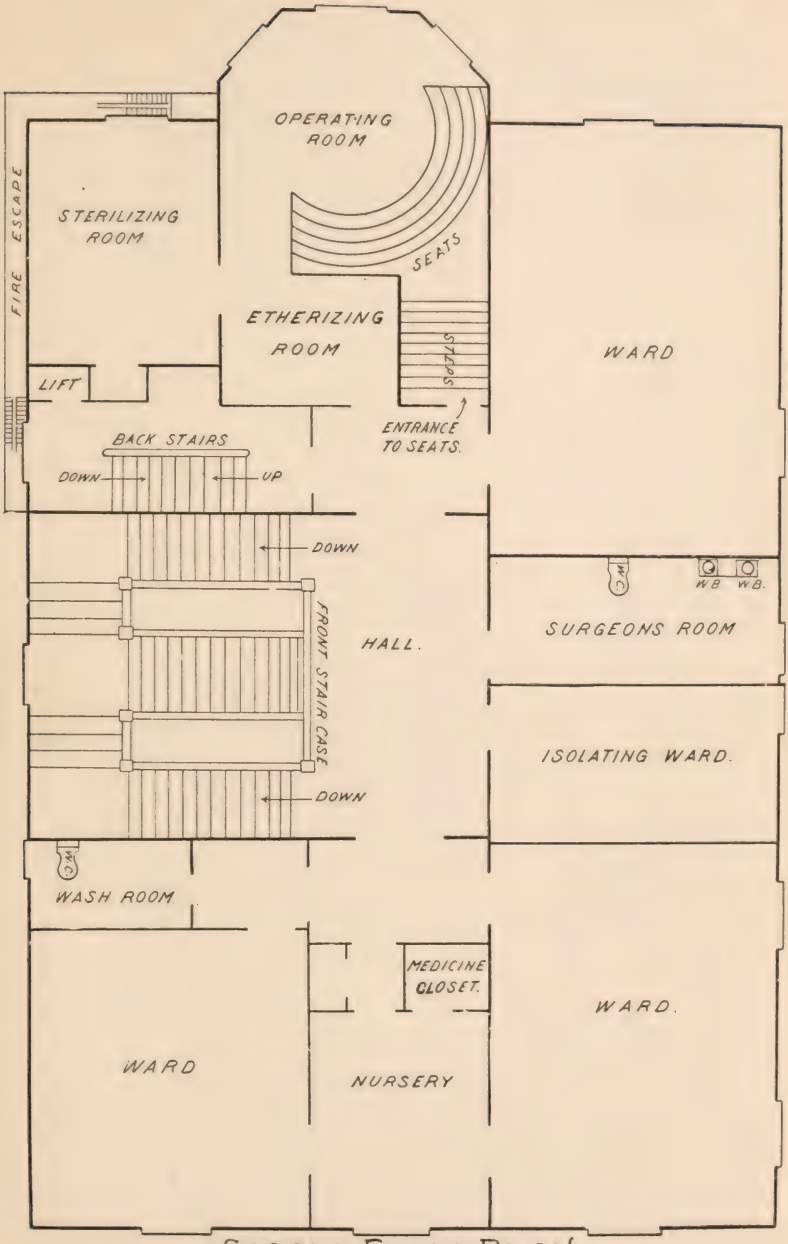


BASEMENT PLAN.
SCCIETY OF THE LYING-IN HOSPITAL.



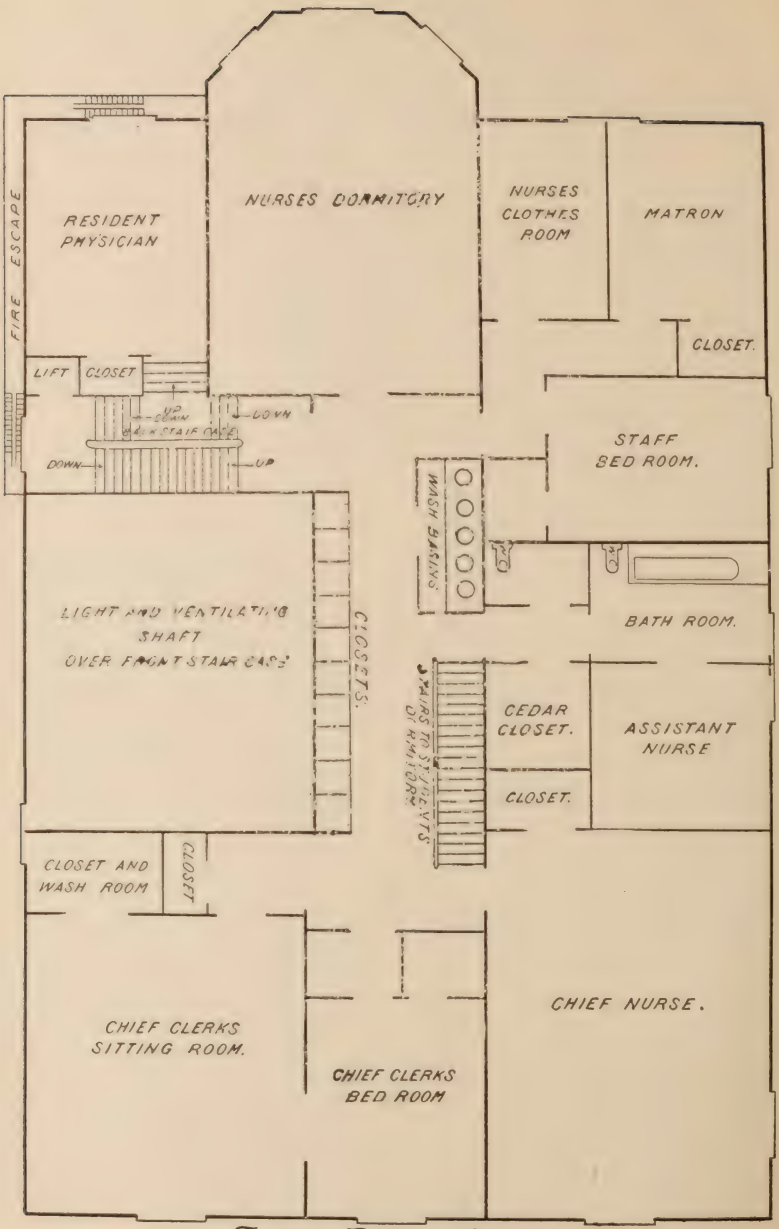
FIRST FLOOR PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.

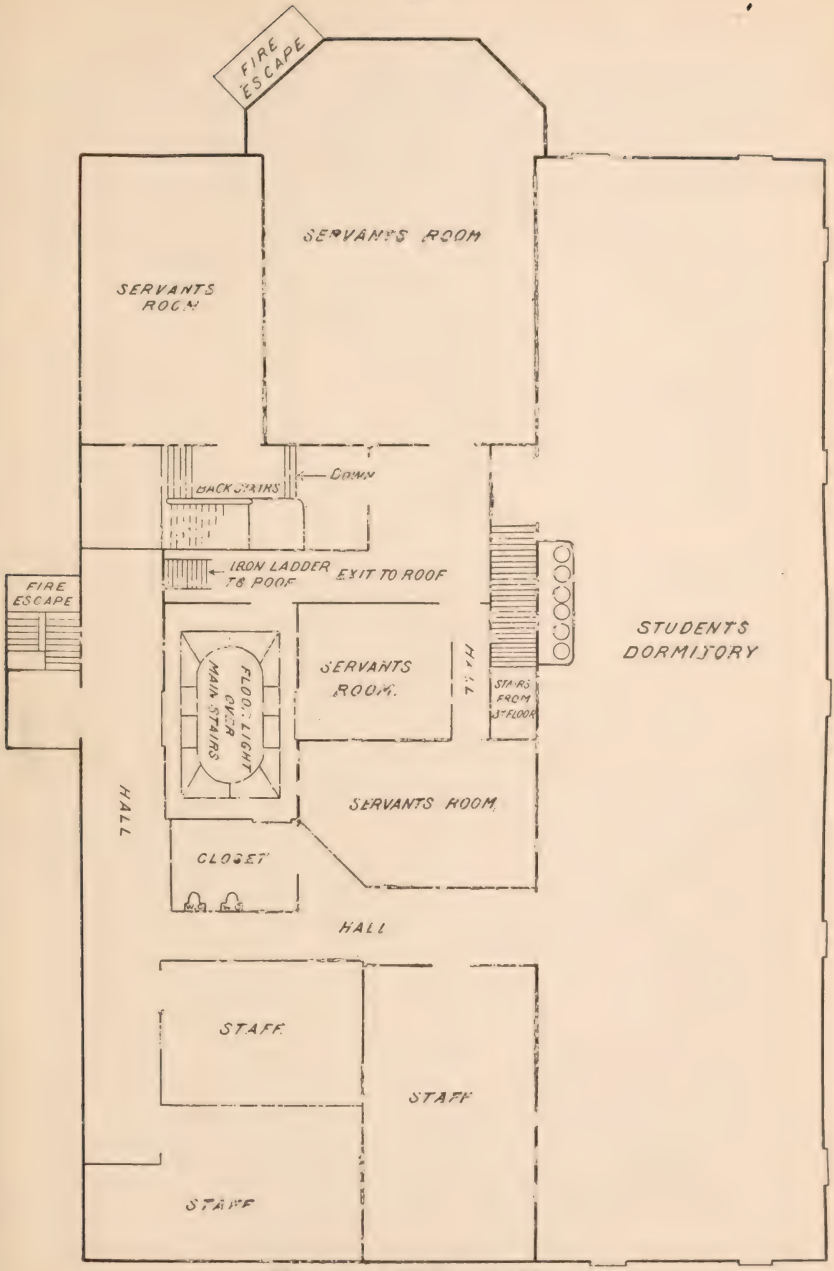


SECOND FLOOR PLAN.

SOCIETY OF THE LYING-IN HOSPITAL.



THIRD FLOOR PLAN.
SOCIETY OF THE LYING-IN HOSPITAL.



FOURTH FLOOR PLAN.

SOCIETY OF THE LYING-IN HOSPITAL

Society of the Lying-in Hospital of the City of New York

LADIES' AUXILIARY COMMITTEE,

Out-Patient Department,

1898.

OFFICERS.

President	Mrs. Frederic Bronson.
Vice-President	Mrs. Frederic W. Vanderbilt.
Secretary	Mrs. W. Pierson Hamilton.
Treasurer	Mrs. William A. Street.

COMMITTEES

Care of women who have no place to go after discharge from the hospital.

Mrs. Adrian Iselin, Chairman.

Committee.

Mrs. Charles B. Alexander,
Mrs. Lloyd Brice,
Mrs. A. Cass Canfield,
Mrs. H. Le Grand Cannon,
Mrs. Moses Taylor Campbell,
Mrs. Gherardi Davis,
Mrs. Richard H. Derby,
Mrs. Herman Le Roy Emmet,
Mrs. Charles D. Halsey,
Mrs. John E. G. Higgins,
Mrs. Henry E. Howland,
Mrs. Alexander Duer Irving,
Mrs. Ernest Lorillard,
Mrs. Pierre Lorillard,
Mrs. L. P. Morton,
Mrs. George Place,
Mrs. Robert E. Robinson,
Mrs. Auguste Richard,
Mrs. Charles R. Smith,
Mrs. Henry T. Sloane,
Mrs. John K. Van Rensselaer,
Mrs. Oliver J. Wells,
Mrs. George De Witt.

Care of women who are discharged from the hospital without means.

Mrs. William P. Douglas, Chairman.

Committee.

Mrs. George A. Dixon,
Mrs. James W. Markoe,
Mrs. John J. Mason,
Mrs. Morton S. Paton,
Mrs. Robert H. Robertson,
Mrs. Henry G. Trevor,
Mrs. Beavor Webb,
Mrs. William C. Whitney.

To supply scrub-women to clean the rooms of the patients in the tenements and to perform other work.

Mrs. F. W. Vanderbilt, Chairman.

Committee.

Mrs. Charles Dana,
Mrs. Nicholas Fish,
Mrs. William C. Stuart.

To supply trained nurses to visit special cases in the tenements.

Mrs. James W. Pinchot, Chairman.

Committee.

Mrs. Jose Aymar,
Mrs. Frederic Bourne,
Mrs. Henry C. Eno,
Mrs. William P. Eno,
Mrs. W. Hamilton Harris,
Mrs. A. Lawrence Hopkins,
Mrs. Richard M. Hunt,
Mrs. Jordan L. Mott, Jr.,
Mrs. Jehiel J. Post,
Mrs. Miles Standish,
Mrs. Lorillard Spencer,
Mrs. R. M. Stuart Wortley.

To supply visitors to out-door patients.

Mrs. Horace Gallatin, Chairman.

Committee.

Mrs. Amory S. Carhart,
Mrs. Julian T. Davies,
Mrs. Goodhue Livingston,
Mrs. Howland Pell.

To provide linen for the hospital.

Miss Furniss, Chairman.

Committee.

Mrs. Charles T. Abercrombie,
Mrs. John E. Alexandre,
Mrs. Charles B. Alexander,
Mrs. Frederic H. Benedict,
Mrs. Henry Burden,
Mrs. Dwight Collier,
Miss Anna W. Clark,
Mrs. Juan M. Ceballos,
Mrs. Charles D. Dickey,
Mrs. Francis O. de Luze,
Mrs. Howard E. Dickenson,
Mrs. John B. Duer,
Mrs. Richard H. Derby,
Mrs. John J. Emery,
Mrs. George W. Forsyth,
Mrs. Seth B. French,
Mrs. J. James Hyde,
Mrs. Bradish Johnson,
Mrs. William Manice,
Mrs. John Godfrey Moore,
Mrs. William B. Parsons,
Mrs. Charles G. Peters,
Mrs. Albert Shattuck,
Mrs. Arthur T. Sullivan,
Mrs. Walter L. Suydam,
Mrs. William H. Tailer,
Mrs. W. Prall Thompson,
Mrs. George G. Williams,
Mrs. Edward Winslow,
Mrs. John J. Wysong,
Mrs. Edwin W. Wetherbee.

To provide baby clothes for the hospital.

Mrs. H. A. C. Taylor, Chairman.

Committee.

Mrs. Joseph S. Auerbach,
Mrs. John E. Alexandre,
Mrs. Henry Dale,
Mrs. Earl Dodge,
Mrs. Cadwalader Evans,
Mrs. Richard Gambrill,
Mrs. Charles Godfrey,
Mrs. Joseph A. Gillet,
Mrs. Chester Griswold,
Mrs. Louis T. Haggin,
Miss M. Harrison,
Mrs. Oliver L. Jones,
Mrs. William Moir,
Mrs. Gustav Schwab,
Mrs. Charles D. Stickney,
Mrs. Henry A. C. Taylor,
Mrs. Henry C. Tinker,
Mrs. John D. Wood,
Mrs. Robert Winthrop,
Mrs. Francis Dana Winslow.

To provide means to enable nurses under training to assist in the care of tenement patients and thereby gain experience.

Mrs. Oakley Rhinelander, Chairman.

Committee.

Mrs. George P. Cammann,
Miss Marie Churchill,
Mrs. M. L. Delafield, Jr.,
Mrs. Bryce Gray,
Mrs. J. Hooker Hamersley,
Mrs. Charles E. Sands,
Mrs. Stamford White.

To raise money for these purposes and also for the general purposes of the hospital.

Mrs. Frederic Bronson, Chairman.

Committee.

Mrs. J. Muhlenberg Bailey,
Mrs. George C. Boldt,
Mrs. James Brown,
Mrs. Robert Maclay Bull,
Mrs. Francis S. Bangs,
Mrs. H. Mortimer Brooks,
Mrs. Calvin S. Brice,
Mrs. James A. Burden,
Mrs. Thomas R. Ball,
Mrs. Richard M. Butler,
Mrs. Heber R. Bishop,
Mrs. Fellows Davis,
Mrs. William G. Davies,
Mrs. Louis P. di Cesnola,
Mrs. Lewis L. Delafield,
Mrs. Henry F. Dimock,
Mrs. Howard E. Dickenson,
Mrs. Harvey H. Duryee,
Mrs. Henry B. Ely,
Mrs. R. H. Eggleston,
Mrs. Charles D. Freeman,
Mrs. Thomas Garner,
Mrs. James W. Gerard,
Mrs. George J. Gould,
Mrs. Joseph A. Gillet,
Mrs. Walter S. Gurnee, Jr.,
Miss Delia Gurnee,
Mrs. Louis T. Haggin,
Mrs. Edward Bascomb Harper,
Mrs. W. Pierson Hamilton,
Mrs. Henry E. Howland,
Mrs. Theodore Hitchcock,
Mrs. William Iselin,
Mrs. David King,
Mrs. Jonas B. Kissam,
Mrs. Archibald Gracie King,
Mrs. Edward Lauterbach,
Mrs. Richard M. Laimbeer,
Mrs. William M. Martin,
Mrs. Howard Meyer,
Miss Leary,
Mrs. William Moser,

Mrs. William Moir,
Mrs. Frank McCoy,
Mrs. Donald McLean,
Miss Mahoney,
Mrs. Moton D. Moss,
Mrs. Walter G. Oakman,
Mrs. Jehiel J. Post,
Mrs. John G. Neeser,
Mrs. William M. Polk,
Mrs. Edward S. Rapallo,
Mrs. Jules Reynal,
Mrs. Edward H. Ripley,
Mrs. Philip Rhinelander,
Mrs. John C. Rennard,
Mrs. Henry H. Rogers,
Mrs. Elihu Root,
Mrs. Beverly Robinson,
Mrs. John Sloane,
Mrs. Alexander D. Shaw,
Mrs. Charles Schumacher, Jr.
Mrs. Oscar Straus,
Mrs. Roderick Terry,
Mrs. Henry C. Tinker,
Mrs. John D. Wood,
Mrs. Edward Winslow,
Mrs. Francis Dana Winslow,
Mrs. John J. Wysong.

LADIES' AUXILIARY REPORT.

Report of Committee No. 1.

Committee No. 1 of the Out-patient Department of the Ladies' Auxiliary to the Society of the Lying-in Hospital, whose special work is the care of women who have no place to go after discharge from the hospital, made the following report:

After due deliberation in this most important matter, it was found that the number of women who are absolutely destitute of home and friends is, fortunately, comparatively few. Although the class of patients treated by the Society is composed from the very poorest of our population, they are still possessed of sufficient ability to care for themselves after medical treatment.

Our system has been that any case of particular distress should be reported to the Chief Clerk of the Hospital, who would then refer it to the committee.

The New York Association for Improving the Condition of the Poor seemed to have peculiar facilities for investigation, and your committee deemed it advisable that cases of distress should be investigated by that Society. Some cases appeared to be exceedingly destitute according to the report, one woman only paying $1.75 a week for her room.

Other cases were referred to St. Barnabas' Home, where they were cared for until friends turned up to claim and assist them. As many of the patients are of Hebrew origin we referred them to the Hebrew Out-door Poor Charities for further assistance.

Some of the infants are placed by the mothers in the New York Foundling Asylum, and they then obtained work as cap-makers. Almost all of them appear to be able to earn their own living, but it is very necessary, in the opinion of this committee, that they should be taken care of after discharge from the hos-

pital until they have an opportunity of placing their child in some institution or with friends.

It frequently happens in many hospitals that after the patient has received all possible care and has been discharged cured, they are absolutely without means, and we therefore think this part of the Out-patient Department work an exceedingly important one.

All cases referred to the committee during the past winter have received the most careful attention.

Report of Committee No. 2.

Committee No. 2 of the Out-patient Department of the Ladies' Auxiliary to the Society of the Lying-in Hospital, whose special work is the care of women who are discharged from the Hospital without means, respectfully begs to report as follows:

It seemed wise in connection with this work, and as Mrs. Henry Oothout, who was actively associated with The Agency for Providing Situations in the Country for Destitute Mothers with Infants, has been made an honorary member of the Ladies' Auxiliary, that the committee should avail ourselves of the peculiar facilities that this most admirable charity gives, and we have, therefore, co-operated with them, as delegates from the Ladies' Auxiliary have recently become members of the committee existing in the Agency for Providing Situations for Destitute Mothers, for the purpose of mutual conference, greater efficiency and strengthening the bonds of sympathy and interest.

The committee have reported that advertisements in local papers bring applications for servants from many farmers and people living in villages. The circumstances and character of each family are carefully ascertained by correspondence, and much time and thought is given to the selection for each woman of such a situation as she seems most suited to.

During the past year the charity has provided situations for one hundred and seventy-seven mothers discharged from various hospitals without means. The applicants for relief sent to your committee are referred to the Agency for Providing Situations

in the Country, and it is believed by your committee that earnest and active co-operation with this Society is the best and most feasible way of performing our share in the work of the Out-door Department of the Society of the Lying-in Hospital.

Report of Committee No. 3.

Committee No. 3 of the Out-patient Department of the Ladies' Auxiliary to the Society of the Lying-in Hospital, whose special work is supplying scrubwomen to clean rooms of the patients in the tenements and perform other work, respectfully beg to report as follows:

The cleaning of the rooms of the patients of the Society who are so utterly destitute and located in such miserable and squalid surroundings, is a most important and necessary work, and, relieving the mother, enables the attending physician to keep her absolutely quiet until she is strong and able again to attend to her household duties.

Investigation has shown that most of the rooms where patients of the Society reside are found to be in a very uncleanly and unsanitary condition, consisting generally of three rooms—a living room, kitchen and sleeping room, for which an average rent of about eight dollars ($8) a month is paid.

The uncleanliness results:

First—Owing to the ignorance of the occupants, who are largely foreigners and accustomed to living in surroundings that are unclean; and

Second—The circumstances of their extreme poverty, with the necessity of obtaining such work as will contribute towards the support of their families, the following of which gives them, in consequence, only a limited amount of time to devote to the care and duties of the household.

A competent and energetic woman superintendent was employed by your committee, and whenever necessary and under our direction has visited various rooms where the patients of the Society resided, and on her report scrubwomen have been sent.

It is somewhat difficult at times to prevail upon the occupants to allow any work to be done. It was stated, for instance, that a certain patient residing at No. 80 Ridge street protested against having her rooms cleaned, stating that they were clean enough, and it was only after some persuasion and telling her the physician said the place must be cleaned, that she consented. The work of cleaning and washing a large accumulation of soiled garments that were piled up in the corners and under the bed occupied several days. In fact, the condition of the whole room was indescribable.

It certainly adds to the comfort of the sick when their surroundings are sanitary, and, it is hardly necessary to state, renders the visits of the physician far more agreeable to him.

A particularly unfortunate condition was noticed at No. 351 Madison street, where, according to the scrubwoman, the whole place was dirtier than any room she had ever seen.

It is found that when the dirt is removed and everything cleaned that the occupant is very apt to realize her improved condition, and make an attempt in future to keep things in better order and condition.

The committee feel abundantly satisfied with the results of their efforts during the past season, and believe this part of the Out-patient Department work a most important one.

The committee hold themselves in readiness to thoroughly clean any rooms where the condition is reported bad by the visiting physician to the Chief Clerk of the Hospital, who immediately sends word, and after inspection a scrubwoman is at once dispatched by us.

We hope in time that we may be able not only to attend to the cleaning of the various apartments during the illness of the mother, but also to perform other work in the shape of caring for the children, mending their clothes and cooking the meal.

Where the mother is absolutely helpless and unable to perform her usual household duties, this additional work seems necessary to your committee and would enable the patient to be absolutely relieved from any anxiety so far as the care of her family is concerned.

We believe that having those with some experience in cooking and mending at our disposal, in addition to the scrub-women, the work accomplished by our committee would be most beneficial and far-reaching.

Report of Committee No. 4.

Committee No. 4 of the Out-patient Department of the Ladies' Auxiliary to the Society of the Lying-in Hospital, whose special work, as provided by the Constitution, is to supply trained nurses to visit special cases in the tenements, reported as follows:

The system of the Medical Board of the Society for some years has been to remove to the hospital building all cases that require continual watching and most careful nursing, the cases in the tenements being those where, fortunately, small occasion exists to supply trained nurses. But in every instance when necessary and where the Medical Board report that the condition of the patient is such that she must be watched both day and night, a trained nurse is put in charge. Otherwise the patient is visited as often during the day for the period of two weeks as the Medical Board deem expedient by the Resident Physician.

Naturally, this special work of supplying trained nurses is attended with some difficulty, as many nurses have little experience in treating cases throughout the tenements; but if a woman can be treated in her own home with a nurse in charge, it is certainly desirable, as the hospital service can greatly enlarge its work in reserving hospital accommodations only for those who require it.

It is always possible in a tenement-house to hire some room from one of the occupants that has sufficient air and sunshine, where the patient can be located, and where she can be entirely free from the natural confusion and anxiety should she remain surrounded by her own family.

It is very important to have, in many instances, a nurse in charge, that an accurate record may be kept of the temperature of the patient, and medicine administered and food carefully prepared and given.

Your committee have done everything in their power to fulfil the duties required of them, and have stood in readiness during the past few months, on the request of the Medical Board, to send such trained nurses as were necessary to any case requiring attendance in the Out-patient Department.

Report of Committee No. 5.

Committee No. 5 of the Out-patient Department of the Ladies' Auxiliary to the Society of the Lying-in Hospital, whose special work is supplying visitors to the out-door patients, reported as follows:

Taking into consideration the fact that for the year ending October 1 last the Society, according to its report, treated in their own homes two thousand three hundred and eighty-four poor women, it can be well understood what an enormous amount of good is rendered throughout the tenement districts. It is fair to assume that every one of these women whom the Society has relieved are of the class usually receiving unskilled treatment, and we are satisfied that this system of out-door relief in connection with the hospital work is a most extraordinary one, and with the establishment of a large central hospital and with the additional means of fitting up different sub-stations in various parts of the city, that a very much larger number could be cared for.

A family needing treatment can easily apply at the sub-station, a telephone message is sent to the Hospital, and the patient can be relieved within a very short period of time, having the benefit of the very best treatment and a nurse, if necessary.

It would seem to your committee, in considering this subject of visiting these patients, that while we have been unable to investigate to the extent that it seems necessary, it may be taken for granted, with over two thousand patients treated every twelve months, that the work is attended with considerable difficulty.

Through the aid of the New York Association for Improving the Condition of the Poor, we have visited patients located in the most squalid and unfortunate homes situated in Orchard street, Madison street, East Thirteenth street near the river, Gouverneur

street, Tenth avenue, Pitt street, Essex street, Rivington street, Clinton street, Suffolk street, Market street, Ludlow street, Attorney street, and Forsyth street. It is in these neighborhoods, viz., that part of the city east of the Bowery and below Broome street, a most thickly settled district and one swarming with the very poorest foreign population, that the most need exists and where the labors of the Ladies' Auxiliary should, in our opinion, be chiefly directed.

The carefully prepared statistics that we have examined at the Hospital show that the wage-earner of these families is not paid more than $1 a day, and is chiefly employed in the sweat shops, laboring from seven in the morning until six at night in sewing on cheap clothing sent from the large tailoring establishments in that part of the city. The average rent these people pay for their three rooms is $8 a month, leaving, therefore, at the end of the month only $20, and making it necessary that their average expenditure for food and clothing should be restricted to only 66 cents a day. Under these circumstances absolutely nothing can be saved for any medical attendance in sickness, and so sharp is the struggle for existence that as soon as children are old enough they are kept at home to earn a few cents in sewing to contribute their small support towards the needs of the family.

The Superintendent of Relief of the New York Association for Improving the Condition of the Poor expressed great surprise to learn how largely the Society cares for Hebrew cases, especially when the United Hebrew Charities is aiding many of them. In many cases it seemed expedient to your committee to refer these people to the United Hebrew Charities, and this has been done. To these people nourishment and food were given and to some clothing.

Some particularly distressing cases were found in Rivington street, where the patients were found in the greatest need.

While your committee have done everything in their power to visit and report on every patient of the Society throughout the tenement districts, we require greater activity and system than

we have been able during the past winter to give. We hope next year to devise a scheme so that every woman cared for by the Society shall be systematically investigated.

The members of the Auxiliary should understand that the Society has maintained for some years at No. 314 Broome street a Diet Kitchen, where orders for food, clothing and coal are presented. For the past three years this has proved a most necessary and important part of the Society's charity, as in 1895 five hundred and twenty-seven families were each relieved for a period of two weeks; in the following year four hundred and fifty-two poor women received similar assistance, and in the past year, as will be noted by the report, four hundred and forty-one families. This is a most important branch of the Society's work, as, during the severely cold weather, many cases of great destitution have been prevented and provision accordingly made for the family.

Your committee feel that the enlargement of the Diet Kitchen would be attended with the most fortunate results in giving greater opportunity of extending the relief food, coal and clothing to the desperately unfortunate cases under treatment by the Society.

Report of Committee No. 6.

Committee No. 6, whose special object is to provide linen for the hospital, made the following report:

Owing to the most generous donations, the linen closet is now fairly well stocked with sheets, pillow cases, blankets and bedspreads; but more crib blankets, pillows, napkins and tablecloths appear to be needed to complete the amount of linen necessary for the use of the household and staff during the coming year.

The members of the committee responded most generously and promptly to my appeals, and by enlarging the membership it is hoped that the committee may be able to supply everything that is needed.

The committee has placed in the hospital the following linen:

Large blankets	21 (pairs.)
Baby blankets	27
White spreads	70
Sheets	474
Crib sheets	2
Pillow slips	363
Face towels	120
Operating towels	188
Ward towels	168
Baby towels	126
Crash towels	33
Kitchen towels	12
Patients' towels	18
Glass towels	85
Roller towels	3
Table cloths	10
" napkins	108
Baby caps	24
	1,852

—making a total of one thousand eight hundred and fifty-two pieces.

These valuable contributions of linen were received from the following ladies:

Mrs. C. B. Alexander	11 pairs crib blankets. 3 dozen sheets. 2 dozen pillow cases.
Mrs. J. E. Alexandre	1 dozen sheets. 1 dozen pillow cases.
Mrs. C. S. Abercrombie	8 white bedspreads.
Mrs. F. H. Benedict	2 dozen sheets. 2 dozen pillow cases.
Mrs. M. D. Collier	4 dozen towels.

Mrs. J. M. Ceballos	6 dozen sheets. 6 dozen pillow cases.
Miss Anna M. Clark	4 crib blankets.
Mrs. Howard Dickenson	1 dozen towels.
Mrs. Charles D. Dickey	6 dozen towels.
Mrs. John B. Duer	2 dozen sheets. 1 dozen pillow cases.
Mrs. R. H. Derby	4 tablecloths. 4 dozen napkins.
Mrs. F. O. de Luze	1 dozen towels.
Mrs. J. J. Emery	4 dozen sheets. 4 dozen pillow cases. 33 towels. 1 piece of Canton flannel.
Miss C. Furniss	1 pair blankets. 1 single blanket. 2 dozen sheets. 2 dozen pillow cases. 13 dozen towels. 4 dozen bath towels. 4 long roller towels. 6 tablecloths. 2 dozen napkins.
Mrs. George Forsyth	6 sheets. 6 pillow cases.
Mrs. S. Barton French	10 pairs of blankets.
Mrs. J. J. Hyde	10 pairs of blankets.
Mrs. Bradish Johnson	24 white bedspreads.
Mrs. E. L. Johnson	4 dozen sheets. 6 crib blankets.
Mrs. John Minturn	2 dozen pillow cases.
Mrs. William Manice	1 white bedspread. 4 dozen towels. 1 dozen napkins.
Mrs. William B. Parsons	9 sheets. 6 pillow cases.

Mrs. Albert Shattuck	24 baby's hoods. 4 dozen sheets. 2 dozen pillow cases. 4 dozen towels.
Mrs. Walter L. Suydam	6 dozen and 9 towels.
Mrs. A. T. Sullivan	25 white bed spreads.
Mrs. William Tailer	2 dozen sheets. 2 dozen pillow cases.
Mrs. William Prall Thompson	6 sheets. 6 pillow cases.
Mrs. E. H. Wetherbee	12 white bedspreads.
Mrs. J. J. Wysong	2 dozen sheets. 2 dozen pillow cases.
Mrs. George G. Williams	2 dozen sheets. 2 dozen pillow cases. 2 dozen napkins. 2 dozen towels.

Report of Committee No. 7.

Committee No. 7, whose special object is to provide baby clothes for the hospital, made the following report:

The work accomplished has been more than satisfactory and will prove of the greatest benefit to the hospital.

A sewing class was formed during the winter, and two meetings were held on every Tuesday during February. These meetings were very largely attended, and the greatest interest was taken in the work.

In view of the very large number of patients treated every year in the hospital wards and throughout the tenement districts, it is easy to understand that there is the greatest need for baby clothes, and also for garments for the poor mothers, and the supply can hardly meet the demand, as to clothe every child certainly requires four garments.

A sufficient appropriation was made by the Auxiliary Board to obtain material, and this has been most carefully cut out and the members of the sewing class have most conscientiously per-

formed the necessary work. The large number of three thousand six hundred and thirty-four pieces of clothing has been delivered at the hospital, according to the following list:

Wrappers	for babies	125	
Diapers	"	958	
Shirts	"	297	
Petticoats	"	73	
Muslin slips	"	132	
Binders	"	135	
Shawls	"	26	
Sacques	"	347	
Cloaks	"	307	
Caps	"	114	
Booties	"	46	(pairs.)
Wrappers	for women	251	
Chemises	"	50	
Sacques	"	139	
Petticoats	"	256	
Gowns	"	53	
Slippers	"	13	(pairs.)
Stockings	"	21	(pairs.)
Crib sheets		45	
Large sheets		6	
Pillow slips		84	
Face towels		12	
Operating towels		113	
Baby towels		25	
Wash-rags		6	
		3,634	

This work cannot fail to have a most beneficial result, as the number of garments that have been supplied are always of the greatest use, and urgently needed.

If the earnest co-operation and interest that has been displayed by all members of the sewing class is continued another

season, more assistance can be rendered to the destitute patients that the Society of the Lying-in Hospital treats.

Report of Committee No. 8.

Committee No. 8 of the Out-patient Department of the Ladies' Auxiliary to the Society of the Lying-in Hospital, whose special work is providing means to enable nurses under training to assist in the care of tenement patients and thereby gain experience, make the following report:

There is practically no limit to the advantages the Society of the Lying-in Hospital offers nurses under training in assisting in the care of patients, as such an extraordinary number are treated every twelve months—between two and three thousand.

A certain number of nurses are received now at the hospital premises, Seventeenth street and Second avenue, from the New York and St. Vincent Hospitals of this city, St. Joseph's of Yonkers, and St. Mary's of Brooklyn. Only a restricted number can be received, and in the report of the Society for this year considerable space is given to a full description of the thorough and systematic course followed in their training and education.

It is to be remembered, however, that the Hospital does not maintain a nurses' training school, but simply furnishes obstetrical training for the nurses in the Hospital. At present the bedside work of the nurses is limited to the in-door service of the Hospital. It is hoped at some future time to utilize the out-door service as well, and we have been engaged for some time with the Medical Board in developing some feasible plan.

The nurses come to the Hospital for a period of three months, and have every advantage, as far as lectures and practical information are concerned.

Naturally the nurses prefer, in obtaining such training, to have the advantages of being in a hospital, as there are many inconveniences and disadvantages in being located in a tenement-house, where the surroundings are uncomfortable and disagreeable, but such advantages are to be gained in being brought into contact with these patients, who are of all sorts and conditions

in life, that your committee feel that everything should be done to co-operate with the Medical Board in providing a corps of nurses, who, under the direction of a capable and energetic superintendent, should be placed in charge of the different patients throughout the tenements whenever necessary, to obtain the advantage of the experience that this course will give them.

It must be confessed that little has been accomplished during the past winter, but your committee feel, with the increased development of the Ladies' Auxiliary to a possible membership of one thousand, that sufficient money could be easily obtained to develop this most important branch of the Society's work.

Report of Committee No. 9.

Committee No. 9, whose special object is to raise money to undertake special work, as reported by the different committees whose reports have been submitted, and also for the general purposes of the Hospital, make the following report:

The most important object in connection with the Hospital has been raising money to pay off the balance due on the note of the Society, originally issued for $60,000, to complete the purchase of the Hamilton Fish property, and reduced last winter to $29,000. $8,000 was promised conditionally by members of the Board of Governors and some friends, leaving $21,000 to raise. This committee also obtained additional conditional subscriptions amounting to $1,350.

After due deliberation it seemed wise to interest as many as possible in a sewing class, and that an admission fee of $10 should be charged. A number of ladies put their houses at the disposal of this class, and four meetings were held on each Tuesday during February, two in the morning and two in the afternoon, at residences up and down town, so that all should be convenienced.

Owing to the very great generosity of several connected with the sewing class, an attractive musical programme was arranged, and the expense of this defrayed by private subscription. This

undoubtedly attracted many and formed a most agreeable feature of our meetings.

The committee are under very great obligation to Mrs. Jonas B. Kissam, who organized an entertainment from which a very considerable sum was realized.

During the winter your committee were informed by Mrs. Lewis Livingston Delafield that she would undertake an entertainment for the benefit of the Hospital at the Waldorf-Astoria, to take place during the latter part of March, and the committee gladly accepted Mrs. Delafield's proposition.

The committee cannot adequately express the debt of obligation they feel to Mrs. Delafield in organizing this entertainment, which was given on the afternoon and evening of March 19. It can be well understood the labor involved, as nearly one hundred children took part in the afternoon and over one hundred people in the evening. Both entertainments were exceedingly successful and a large sum was realized.

A further entertainment, given under the management of Mr. Robert C. Sands, in the spring, netted over $1,000, and the additional sum of about $3,000 secured by the Ladies' Auxiliary.

It is a source of great gratification to the committee that the amount of money obtained has paid the note in full, and thus relieved the Society of the debt incurred in the purchase of its most admirable and convenient site, where it is hoped the future hospital will soon be erected.

The committee feel that it is important that the Ladies' Auxiliary, that has accomplished so much during the winter, should continue with increased numbers, and a membership be obtained large enough to raise every year an amount of money that will be sufficient to produce an income adequate to open the new hospital building.

It would seem that it is quite feasible to obtain a membership of one thousand people or more in this city, who would each contribute annually the sum of $20 or $25 towards the support of the building that would perform such an enormous amount of good work among the destitute.

Many members of the Ladies' Auxiliary, to further the interests and work, forwarded their checks for various sums as high as $100, and thereby greatly increased the receipts and aided in a most liberal and praiseworthy manner the efforts of this committee.

STATISTICS.

IN-DOOR DEPARTMENT, SOCIETY OF THE LYING-IN HOSPITAL.

Under treatment in Hospital October 1, 1898	11

Applications for the Year.

1897—October	42	1898—May	49
November	52	June	62
December	63	July	41
1898—January	54	August	56
February	36	September	46
March	67		
April	60	Total	628

Nationality of Patients Confined.

Armenia	4	Roumania	9
Austria	26	Russia	61
Bermuda	1	Sweden	1
England	13	Switzerland	2
France	1	Scotland	4
Germany	29	United States	104
Hungary	17	Unknown	10
Italy	3	Transferred from Out-door Department	6
Ireland	30		
Norway	1		
Poland	4	Total	326

Married	270
Single	35
Widowed	9
Civil condition unknown	6
Transferred from Out-door Department	6
Total	326

CONFINED DURING THE YEAR.

1897—October	25	1898—May	23
November	32	June	29
December	35	July	27
1898—January	32	August	32
February	19	September	18
March	25		
April	29	Total	326

Discharged	316
Died	10

CAUSE OF DEATH.

Acute chloroform poisoning (albuminuria)	1
Cardiac insufficiency	1
Eclampsia (albuminuria)	2
Pneumonia	2
Pulmonary œdema (albuminuria-eclampsia)	1
Postpartum hemorrhage	1
Shock (ruptured uterus)	2
Total	10

ENTERED FOR THE YEAR.

1897—October	32	1	baby.
November	36	1	"
December	35		
1898—January	35		
February	23		
March	25		
April	32	3	babies.
May	25		
June	37		
July	41	1	baby.
August	35	2	babies.
September	23	1	baby.
Total	379	9	babies.

The average length of time of each woman in the Hospital has been 10.43 days, and the total number of days treated 3,953 days.

AMBULANCE CASES BROUGHT TO HOSPITAL DURING THE YEAR.

1897—October	15th	Gouverneur	Ambulance.
"	29th	St. Vincent's	"
"	31st	St. Vincent's	"
November	11th	St. Vincent's	"
"	"	St. Vincent's	"
"	15th	St. Vincent's	"
"	21st	Hudson Street	"
"	"	N. Y. Hospital	"
"	22d	N. Y. Hospital	"
"	29th	Gouverneur	"
"	30th	St. Vincent's	"
"	"	Hudson Street	"
December	9th	St. Vincent's	"
"	10th	Gouverneur	"

1897—December	11th	Gouverneur	Ambulance.
"	19th	N. Y. Hospital	"
"	21st	St. Vincent's	"
"	"	N. Y. Hospital	"
"	23d	N. Y. Hospital	"
"	30th	Gouverneur	"
"	31st	Gouverneur	"
1898—January	6th	N. Y. Hospital	"
"	12th	Bellevue	"
"	26th	N. Y. Hospital	"
"	27th	Bellevue	"
February	8th	Hudson Street	"
"	9th	Gouverneur	"
"	13th	N. Y. Hospital	"
"	16th	St. Vincent's	"
"	25th	Hudson Street	"
"	28th	Bellevue	"
March	14th	N. Y. Hospital	"
"	21st	St. Vincent's	"
April	4th	St. Vincent's	"
"	7th	Gouverneur	"
"	22d	Gouverneur	"
"	25th	N. Y. Hospital	"
"	"	Gouverneur	"
"	27th	St. Vincent's	"
May	1st	St. Vincent's	"
"	4th	Bellevue	"
"	8th	St. Vincent's	"
"	14th	Bellevue	"
June	6th	St. Vincent's	"
"	9th	St. Vincent's	"
"	12th	St. Vincent's	"
"	23d	Bellevue	"
July	1st	St. Vincent's	"
"	11th	N. Y. Hospital	"
"	15th	N. Y. Hospital	"

1898—July	20th	N.Y. Hospital Ambulance.	
"	"	Hudson Street	"
August	1st	St. Vincent's	"
"	10th	Gouverneur	"
"	23d	St. Vincent's	"
"	27th	N. Y. Hospital	"
"	"	N. Y. Hospital	"
September	11th	St. Vincent's	"
"	23d	N. Y. Hospital	"
"	27th	Gouverneur	"

Of these 60 ambulance cases

6 were brought in by Bellevue Hospital ambulance.
12 " " " " Gouverneur Hospital ambulance.
5 " " " " Hudson Street Hospital ambulance.
16 " " " " N. Y. Hospital ambulance.
21 " " " " St. Vincent's Hospital ambulance.

60

Brought from Other Institutions.

From the Margaret Stratton Home by N. Y. Hospital ambulance	1
From the Wetmore Home, by St. Vincent's ambulance	1
From the Hudson Street Hospital by Hudson Street ambulance	2
From the N. Y. Hospital by N. Y. Hospital ambulance	2
Total	6

Forty-five per cent of the cases brought to Hospital by ambulances proved to be operative cases; 22.66% normal deliveries.

Two cases had been previously treated by outside physicians, who surrendered them to the care of this Hospital.

Number of applicants questioned.....	371
" " " not questioned ...	257
Number of applicants.....	628

FRONT OR REAR TENEMENTS AND VARIOUS FLOORS OCCUPIED BY PATIENTS.

Front houses	314
Rear "	45
Total	359
Living in basements.....	10
" on ground floors.....	25
" " 1st "	85
" " 2d "	97
" " 3d "	62
" " 4th "	24
" " top "	56
Total	359

RENT PAID PER MONTH IN 168 CASES.

$3.00 per month....	2	$11.00 per month....	10
$4.00 " "	4	$12.00 " "	15
$5.00 " "	10	$13.00 " "	7
$6.00 " "	16	$14.00 " "	8
$7.00 " "	25	$15.00 " "	2
$8.00 " "	27	Over $15.00 per month	5
$9.00 " "	18		
$10.00 " "	19	Total	168

In 1 case no rent paid—patient living on a canal boat.
" 1 " free rent allowed patient as janitress of tenement.
" 20 cases patients unable to pay rent; living with relatives.
" 5 " patients living in "Shelter" Homes.
" 83 " patients homeless or unmarried.
" 3 " patients separated from husbands.

Of the five applicants who were paying over $15.00 per month rent, two were refused treatment by this Hospital. One the case of applicant paying $25.00 per month rent; husband receiving high salary at skilled labor. The other an applicant in comfortable circumstances who desired to pay for medical treatment. Two applicants kept small shops thereby making a humble livelihood.

Occupations of Husbands in 211 Cases.

Actor	1	Drivers	10
Agents	2	Druggists	2
Bakers	2	Dishwashers	2
Barbers	2	Drummers	3
Bartenders	2	Engineers	3
Bookkeepers	3	Electrician	1
Butchers	2	Furrier	1
Bookbinder	1	Gardeners	2
Blacksmiths	2	Glaziers	2
Boatman	1	Glassblower	1
Boiler-maker	1	Harness-maker	1
Button-maker	1	Interpreter	1
Carpenters	4	Iron-worker	1
Cigar-makers	8	Laborers	20
Clerks	8	Motorman	1
Cap-makers	2	Musician	1
Cooper	1	Mason	1
Coachmen	3	Newsdealer	1
Car conductors	2	No occupation	12
Cooks	4	Orderly	1
Cracker packer	1	Oysterman	1
Cattleman	1	Paper-box makers	2

Painters	2	Shoe-makers	5
Porters	8	Stableman	1
Printers	5	Sign-maker	1
Plumbers	4	Tailors	25
Plasterer	1	Tanners	2
Peddlers	4	Upholsterers	2
Roofer	1	Valet	1
Salesmen	7	Waiters	16
Sailor	1		
Street-sweeper	1	Total	211

SALARIES OF HUSBANDS IN 196 CASES.

Number receiving	$3.00	per week		2
" "	$4.00	"		1
" "	$5.00	"		16
" "	$6.00	"		14
" "	$7.00	"		17
" "	$8.00	"		20
" "	$9.00	"		28
" "	$10.00	"		20
" "	$11.00	"		20
" "	$12.00	"		5
" "	$13.00	"		34
" "	$14.00	"		1
" "	$15.00	"		7
" "	Over $15	per week		11
	Total			196

In 1 case husband received no salary—serving time as druggists' clerk. In the 11 cases where salary of husband amounted to more than $15.00 per week 9 have been unemployed from one month to two years.

Number of wage-earners unemployed	124	=58.76%
" " " employed	87	=41.23%
Total	211	

Husbands ill in hospitals	2
" dead	9
" deserted wives	68
Husband Volunteer in Spanish-American war	1

Of the 124 Wage-Earners Unemployed:

1	unemployed for	$\frac{1}{4}$	month.
5	" "	$\frac{1}{2}$	"
4	" "	$\frac{3}{4}$	"
7	" "	1	"
6	" "	$1\frac{1}{2}$	months.
23	" "	2	"
2	" "	$2\frac{1}{2}$	"
24	" "	3	"
16	" "	4	"
5	" "	5	"
28	" "	6	" =22.58%
3	" "	unknown period.	
124			

Number of Living Children in 100 Cases.

1 child in	50	cases.	
2 children in	17	"	
3 "	17	"	
4 "	8	"	
5 "	2	"	
6 "	1	case.	
7 children in	1	case.	
8 "	1	"	
10 "	3	cases.	
Total	100	cases.	

AGE OF OLDEST CHILD IN 39 CASES.

1 year old	7 cases.	10 years old	2 cases.
2 years old	11 "	12 "	4 "
3 "	5 "	15 "	1 case.
4 "	3 "	17 "	1 "
6 "	1 case.		
7 "	1 "	Total	39 cases.
8 "	3 cases.		

Patient delivered of first child in 206 cases.

Number of children who have reached the "working" age, namely, fourteen years, equals 5.12%.

OUT-DOOR DEPARTMENT, SOCIETY OF THE LYING-IN HOSPITAL.

Under treatment October 1, 1898 72

APPLICATIONS DURING THE YEAR.

1897—October	259	1898—May	240
November	268	June	282
December	315	July	285
1898—January	239	August	294
February	225	September	225
March	224		
April	260	Total	3,116

NATIONALITY OF PATIENTS CONFINED.

Armenia	1	Roumania	36
Austria	254	Russia	1,340
Canada	1	Scotland	5
Egypt	1	Sweden	5
England	23	Switzerland	1
Germany	81	Turkey	1
Denmark	1	United States	236
Hungary	79	Unknown	1
Ireland	79	Wales	2
Italy	7		
Palestine	1	Total	2,216
Poland	61		

Social Condition of Patients.

Married	2,208
Single	4
Widowed	4
Total	2,216

Confined During the Year.

1897—October	198	1898—May	179
November	150	June	185
December	211	July	210
1898—January	195	August	200
February	162	September	223
March	155		
April	148	Total	2,216

Died	3

Cause of Death.

Postpartum hemorrhage	1
Pulmonary phthisis	2

Number of Visits Made to the Tenement-Houses During the Year.

By the Attending Physicians	216
" " Assistant Attending Physicians	328
" " Hospital Staff	9,308
" " Assistant Hospital Staff	33,240

Confinements from October 1, 1890, to October 1, 1898.

1890—October	20
November	25
December	24

1891—January	43	
February	39	
March	50	
April	57	
May	61	
June	60	
July	72	
August	106	
September	114	
Total for year		671
October	110	
November	113	
December	130	
1892—January	157	
February	143	
March	166	
April	166	
May	152	
June	169	
July	171	
August	189	
September	199	
Total for year		1,865
October	203	
November	155	
December	201	
1893—January	177	
February	153	
March	182	
April	160	
May	176	
June	163	
July	208	

1893—August		194	
	September	243	
	Total for year		2,215
	October	216	
	November	255	
	December	194	
1894—January		135	
	February	96	
	March	129	
	April	191	
	May	200	
	June	226	
	July	237	
	August	240	
	September	237	
	Total for year		2,356
	October	174	
	November	130	
	December	153	
1895—January		140	
	February	106	
	March	128	
	April	117	
	May	127	
	June	123	
	July	193	
	August	220	
	September	190	
	Total for year		1,801
	October	182	
	November	164	
	December	205	

1896—January	200	
February	221	
March	223	
April	206	
May	166	
June	209	
July	208	
August	222	
September	248	
Total for year		2,454
October	209	
November	188	
December	221	
1897—January	212	
February	194	
March	214	
April	154	
May	165	
June	187	
July	219	
August	189	
September	232	
Total for year		2,384
October	198	
November	150	
December	211	
1898—January	195	
February	162	
March	155	
April	148	
May	179	
June	185	
July	210	

1898—August	200	
September	223	
Total for year		2,216
Grand total		15,962

NATIONALITY OF PATIENTS CONFINED.

(October 1, 1890—October 1, 1898.)

Armenia	4	Norway	1
Arabia	2	Nova Scotia	1
Australia	1	Palestine	14
Austria	1,219	Poland	383
Bermuda	1	Roumania	251
Canada	9	Russia	10,569
Denmark	1	Scotland	26
England	215	Sweden	23
Egypt	1	Switzerland	9
France	2	Turkey	6
Germany	621	United States	1,418
Holland	5	Unknown	269
Hungary	355	Wales	5
Italy	37		
Ireland	514	Total	15,962

SOCIAL CONDITION OF PATIENTS.

(October 1, 1890—October 1, 1898.)

Married	15,627
Single	27
Widowed	19
Unknown	289
Total	15,962

To insure against others than the deserving poor receiving the services of this Hospital during confinement, applicants are questioned in regard to their financial condition, etc.

The following is the resumé of past year:

Number of cases questioned	2,030

Front or Rear Tenement, Floors Occupied by Patients.

Front houses in	1,717	cases.
Rear " "	313	"
Living on basement floors	87	"
" " ground "	225	"
" " 1st "	373	"
" " 2d "	392	"
" " 3d "	394	"
" " 4th "	152	"
" " top "	407	"
Total	2,030	cases.

In 1,908 Cases Rent Paid per Month is as Follows:

$3.00 in	11	cases.	$11.00 in	110	cases.
$4.00 "	24	"	$12.00 "	121	"
$5.00 "	61	"	$13.00 "	50	"
$6.00 "	195	"	$14.00 "	41	"
$7.00 "	413	"	$15.00 "	18	"
$8.00 "	394	"	Over $15 in	18	"
$9.00 "	243	"	Total	1,908	cases.
$10.00 "	209	"			

In the eighteen cases where rent paid per month amounts to over $15.00, in six cases the patients keep little shops wherein the husband or wife or both earn a livelihood. In one case a patient sublets apartments to lodgers, thereby realizing a small

profit. In one case patient compelled on account of large number of children to rent larger apartments than usually occupied by applicants. In one case other wage-earners than husband in family, but income not sufficient to afford other than free treatment during illness. In thirty-two cases free or part rent is allowed in lieu of woman's work as janitress of tenement. In twenty-four cases applicants unable to pay rent, and therefore are living with relatives or friends—husbands dead; ill in hospitals, unemployed, deserted, volunteers in the Spanish-American war.

Occupation of Husbands in 1,965 Cases is as Follows:

Agate-maker	1	Capmakers	37
Actor	1	Cracker packers	2
Bakers	24	Coppersmith	1
Barbers	15	Coopers	8
Blacksmiths	19	Clerks	9
Bottler	1	Collectors	3
Bookbinders	10	Car conductors	4
Barkeepers	5	Carpenters	42
Brush-makers	2	Drivers	79
Brass finishers	7	Druggists	2
Button-makers	4	Dyer	1
Basket-maker	1	Engineers	2
Billposter	1	Egg handler	1
Barrel-maker	1	Engravers	2
Butchers	13	Electricians	2
Cigar-makers	36	Furriers	25
Cigar-box maker	1	Fanmaker	1
Cigar-holder maker	1	Furniture movers	2
Card-maker	1	Glaziers	3
Carrier of circulars	1	Hatters	2
Candy-makers	4	Ironworkers	3
Clothing cleaner	1	Instrument-maker	1
Cooks	3	Jewelers	7
Carriage painter	1	Janitors	3

Laundrymen	2	Street sweepers	4
Locksmiths	9	Suspenders-maker	1
Laborers	108	Storekeeper	1
Musicians	10	Switchman	1
Mason	1	Stablemen	2
Machinists	5	Sailors	4
Mineral-water maker	1	Salesmen	6
Medical student	1	Silk weavers	4
Newsdealers	5	Soapmaker	1
No occupation	1	Stone cutters	4
Paper hangers	3	Shoemakers	80
Peddlers	191	Tailors	857
Pocketbook makers	12	Tinsmiths	26
Pencil-maker	1	Tanners	2
Pipemaker	1	Teachers (Hebrew)	8
Picture-frame makers	2	Umbrella-makers	2
Piano polisher	1	Upholsterers	5
Plumbers	5	Unknown	49
Photographers	2	Woodturners	2
Paper-box makers	6	Watchmen	2
Plush-box makers	2	Window cleaner	1
Painters	52	Whitewasher	1
Passementerie makers	5	Weighmaster	1
Porters	34	Waiters	21
Printers	29	Watch-makers	2
Roofers	5	Varnishers	5
Rag pickers	4		
Rabbi	1	Total	1,965

In 1,939 Cases the Salaries of Husbands are as Follows:

Number receiving		$2.00	per week	19
"	"	$3.00	"	43
"	"	$4.00	"	97
"	"	$5.00	"	185
"	"	$6.00	"	295

Number receiving	$7.00 per week	.....	290
" "	$8.00 "	.....	330
" "	$9.00 "	.....	216
" "	$10.00 "	.....	268
" "	$11.00 "	.....	22
" "	$12.00 "	.....	113
" "	$13.00 "	.....	9
" "	$14.00 "	.....	14
" "	$15.00 "	.....	30
" "	Over $15.00 per week	.....	8
	Total	.....	1,939

In five cases where salary of husband amounted to over $15.00 per week, husbands have been unemployed for periods ranging from two weeks to two years.

In 1,965 cases,

717 unemployed=36.48%
1,248 employed =63%

Of the 717 unemployed

9	unemployed for	.....	$\frac{1}{4}$ month.
52	" "	.....	$\frac{1}{2}$ "
46	" "	.....	$\frac{3}{4}$ "
94	" "	.....	1 "
55	" "	.....	$1\frac{1}{2}$ months.
143	" "	.....	2 "
18	" "	.....	$2\frac{1}{2}$ "
122	" "	.....	3 "
4	" "	.....	$3\frac{1}{2}$ "
66	" "	.....	4 "
2	" "	.....	$4\frac{1}{2}$ "
27	" "	.....	5 "
79	" "	.....	6 "
717			

NUMBER OF CHILDREN IN EACH FAMILY IN 1,399 CASES IS AS FOLLOWS:

1	child in	370	cases.	7	children in	27	cases.
2	children in	331	"	8	"	6	"
3	"	271	"	9	"	3	"
4	"	210	"	10	"	1	case.
5	"	122	"				
6	"	58	"		Total	1,399	cases.

AGE OF OLDEST CHILD IN 673 CASES IS AS FOLLOWS:

1	year in	66	cases.	12	years in	16	cases.
2	years in	118	"	13	"	15	"
3	"	80	"	14	"	16	"
4	"	63	"	15	"	10	"
5	"	55	"	16	"	8	"
6	"	54	"	17	"	7	"
7	"	39	"	18	"	2	"
8	"	27	"	19	"	2	"
9	"	40	"	20	"	6	"
10	"	27	"				
11	"	22	"		Total	673	cases.

First child in..... 286 cases.

Children who have reached the "working" age, namely, fourteen years, equals 7.57%.

OUTDOOR DEPARTMENT.

Cases Visited and Relieved.

Space can only be given for a brief statement. These cases have not been specially selected, and out of the two thousand and more patients treated in the tenements there are few instances where the same distress and poverty does not also exist.

No. 550 East Sixteenth Street—Found patient being taken care of by an anxious husband, who had sought in vain for help. They were very thankful for the help of scrub-woman, who washed and cleaned for a couple of hours during three consecutive days.

No. 132 Goerck Street—Patient in great need of help. Scrub-woman stayed to wash, clean and cook. Husband had been out of work for three months and the woman had been earning 50 cents a day until within three weeks of confinement. She had several small children and was quite destitute. Doctor had given diet tickets, and milk was warming on the stove; he had also given the woman 25 cents. I gave two sheets and 25 cents. She did not complain and was most grateful. Before last visitor she had received help from elsewhere.

No. 69 Ganscvoort Street—Found patient with only a small sister to care for her; husband out of work. Scrub-woman was greatly needed. The mother only eighteen years old and the baby very sick. On second visit scrub-woman stayed till midnight poulticing patient's breasts by Doctor's orders. She could not drink milk; gave her seltzer and ice. Doctor had given scrub-woman the day before 25 cents to obtain ice and seltzer. On second visit found patient clean and comfortable. Husband came in and was very grateful for the care that had been taken of his young wife. Scrub-woman visited her five times.

No. 39 Monroe Street—The patient had been confined six days and had no one to help her. Husband away all day looking for work, and a child of two years running around the room. Only the day before had any one been near her, and that was a Salvation Army Lassie, who washed her baby and tidied. I bought her a few immediate necessaries and gave her a diet ticket. Left scrub-woman to wash and cook. On second visit the woman was up, but very weak. Gave her 50 cents for soup meat, etc., as she had not a cent and husband couldn't earn anything. The patient had a brave spirit and seemed most deserving of help. Scrub-woman cleaned and washed the clothes and left her very thankful. Scrub-woman visited four times.

No. 44 Essex Street—Found patient perfectly destitute of clothing on bed or herself. She had but a dirty rag round her loins and another on her shoulders. The neighbors had given her a little food. I gave her seltzer and crackers at once and scrub-woman bought her oatmeal and tinned milk. Sent scrub-woman with sheets at once and she stayed with her till evening. Next day I found her in quite a different condition. She begged for food and I left her what was necessary; also some old gowns for herself and baby and a set of baby clothes.

No. 156 Attorney Street—Had been confined three days; had no food for herself and no milk for baby. Her neighbor had cleaned for her, but was away at work all day. Husband abandoned her some months before. She had a two-year old boy attending a nursery. Quite destitute, but clean and well spoken. She had a diet ticket but no one to fetch the food. I gave her some immediate necessaries and left scrub-woman to fetch food from Broome street. I left her 50 cents and a sheet. She would not go to a "Home."

No. 124 Delancey Street—Had been ill a week and had been taken care of by an old couple who had been kind to her for years. She was tidy and clean, but very weak. Had received diet tickets. Her husband was a drunkard and did not support her. I left her 25 cents and an old sheet and gown.

No. 55 Norfolk Street—An utterly destitute case. The patient starving and emaciated, with five children, and husband

out of work for three months; very dirty, no clothing but a few rags. A kindly natured woman living in next room, who seemed equally destitute, with seven children and husband out of work, had looked after the patient and given her a little oatmeal and what she could spare. Gave this woman 25 cents for having done what she could and sent for a few immediate necessaries for patient. Left word for the doctor to give a diet ticket. Scrub-woman will wash and clean. Second visit found husband sewing for children; gave patient 25 cents for soup meat. Third visit took 5 yards gingham, 30 cents, for husband to make dresses for little girls; patient very weak and emaciated but the room was clean and tidy; gave 2 sheets.

No. 42 Henry Street—Patient's husband had died six months before, and she had nothing of her own, but lived with a friend who did all she could for her. Room, bed and patient were clean. She was very thankful for a diet ticket and an old sheet.

No. 84 Ridge Street—A very pitiful case. Patient had but a few rags to cover herself and baby, lying on a mattress without a sheet. Husband a peddler staying at home to take care of wife, whom he seemed fond of. Two little children running round in rags. A loaf of black bread on the table and nothing else to eat. They were most thankful for the assistance of scrub-woman, who will go every day for awhile till patient is strong. The husband had a diet ticket which he intended little boy to take to the Hospital on return from school. They had not a cent, and during my visit collector came for the rent. I left 2 sheets, tin of milk, oatmeal and 25 cents on my first visit. They are much in need and really grateful people. Second visit found scrub-woman just finished her work; everything clean. Took a set of baby clothes for baby and the father put a gown at once on baby. The other two children in rags. Sent a message to Eighth street begging for assistance for the family in the way of clothes. Third visit found scrub-woman had made everything comfortable. The man could not get clothes from Eighth street; the mother begged for something for the children to eat and said she required no food for herself.

I left the man 20 cents. Fourth visit found patient suffering and unable to eat; husband very anxious; sent him for doctor and gave him 25 cents for soup meat. Took 6 yards gingham, 25 cents, to make the little ones some aprons. There are 5 children.

No. 77 Broome Street—Poor and dirty. Patient made no complaint, but she had no one to clean or help her. Husband a good-for-nothing, out of work and doing nothing for his sick wife—found it too much trouble even to take diet ticket to Hospital, though his wife had nothing to eat. The patient was thankful to have help of scrub-woman, who will attend to her for awhile every day.

No. 91 Hester Street—Patient had twins born five days before. A nurse from "Nurses' Settlement" had been in to wash babies and see to mother. Scrub-woman will go in to wash clothes to-morrow. Husband is unable to work, has paralyzed hand. Clothes needed for babies and gown for mother. The patient was very weak; gave husband 25 cents to buy meat for soup.

No. 64 Willett Street—Patient being looked after by a friend; all very poor. Doctor had given diet ticket, but husband came home too late from work to fetch the food from Broome street. Some one had given her oatmeal and seltzer. The friend, who had a baby in arms, promised to go to the diet kitchen. They all seemed in want of food. I left a suit of baby clothes and 25 cents for soup meat. Second visit gave 15 cents for soup. Third visit gave 10 cents for eggs and 25 cents to the woman who helped her. Left a sheet.

Italian—This patient had no home to go to from the Hospital. Her husband had abandoned her and taken her two children. She was anxious to keep her baby. I took her to the Wetmore Annex, Fourth street, to get strong.

No. 108 Charlton Street—Had been in bed six days before my visit. Said for three days she had had no food. A friend came each day and tidied for her. Room and bed were both clean. Husband had left some time before to look for work in New Jersey. Baby had died. She had earned plenty

as cook, but had been unable to work for the last months. Scrub-woman took diet ticket to Broome street for her. Left a tin of milk, oatmeal and 30 cents for meat, etc. The doctor had given her 25 cents for food.

No. 39 East Broadway—Very destitute; husband out of work. Two children. A girl of ten years doing what she could for her mother when not attending school. A friend had given a little milk. The child showed me a small piece of bread which was all they had to eat. I gave her 10 cents to fetch a little ice and butter. I left scrub-woman to do all she could for them, and she will visit them each day. Second visit, all tidy and clean, and the mother happy and grateful. The husband had been disabled over three months with varicose veins, and was being attended to by the New York Hospital. They have received from Eighth street $7 a month to pay their rent ever since husband's illness. All the food they had was what they received from Broome street. I left 50 cents for soup and necessary food. Scrub-woman attends to them; left a sheet.

No. 36 Essex Street—The patient was lying on a mattress in a dark room, seemed well, but miserably poor. A little girl of about ten years old was trying her best to help her. The child came in from the next house. The room is rented from another woman who would do nothing for the patient or baby. The mother is quite young and it is the first baby. Husband earns a very little by peddling. The child offered to go to the Hospital with an order for diet ticket. I gave her 10 cents car-fare and promised her something for herself if she would fetch the bread and milk each day. The mother had nothing of her own and wanted baby clothes and sheets very badly. I gave her 25 cents for soup meat, ice, etc., and scrub-woman will call and help her a bit each day. Second visit, all was fairly clean and comfortable, as much as it was possible for scrub-woman and the child to make it so; gave the child 20 cents for herself and 25 cents to the patient. Left a set of baby clothes and a sheet. Mrs. Miller will see to her every day for a week. Had report from A. I. C. P. on the case.

No. 183 Varick Street—A very poor patient with a husband in the hospital and four children, oldest eight. An old woman, the mother, came in. The doctor had given an order on the Hospital for a diet ticket and the poor old thing had had a long journey to tramp with it. She could not go again as she had a bad leg. Gave 30 cents for immediate relief; mother cannot be much with her daughter. Scrub-woman will attend her each day. Second visit gave sheet and baby clothes and 25 cents. Third visit the patient is in real need and seems deserving. The children are in rags and the mother can earn but a few cents at washing. I bought 26 cents' worth of food and gave 25 cents for soup meat. The room is in a garret and very wretched. The A. I. C. P. will now attend to the family.

No. 433 West Thirtieth Street—A case of a respectable young couple with their first baby in distress. A young woman lying in a dark room on a neatly made and clean bed. The husband, a frank young fellow, had taken care of his wife for four days and had just spent his last 3 cents in buying kerosene so that he might have hot water for the doctor on his arrival. He had been to Broome street for provisions, but said he could not go so far, as he had to look for work all the time he could spare from his wife. They had only a little oatmeal left; he had been out of work for three weeks. This is the most interesting case of distress that I have yet had, as it showed the struggle and endeavors of the man to do all he could. I bought a basket of provisions, meat, bread, butter-milk and soap and wood for 55 cents, and scrub-woman stayed to wash baby and clothes. She will attend to her for a few days. Second visit, found patient looking cheerful and better; husband was looking for work. Scrub-woman had been early and bought them, for 7 cents, milk and bread for breakfast. I gave 25 cents for soup meat. She was so grateful for the meat and said she felt so much better. The A. I. C. P. will now attend to them.

No. 105 Forsyth Street—These people seemed destitute; husband has been in a "Home" for some months; baby just born; two other children. The patient had been making a small

living making clothes. A woman in a grocery store below had given them a few things. I gave them food. Scrub-woman told me that the doctor came in just after I had left and gave them a diet ticket, which scrub-woman will have herself to take to Broome street, as the patient has no one to send or help. Scrub-woman will attend to her each day. Second visit, there was no food at all, and scrub-woman, after doing her work with the patient, will take the ticket to Broome street and fetch milk and bread; gave 25 cents for soup. A sister entered while I was there, who seemed equally as poor, and told me that the husband was expected to die any day in the hospital. Have written to the A. I. C. P. I left 1 sheet, 1 gown and 1 set of baby clothes.

No. 62 Willett Street—The doctor was with the patient, baby had been born two days and the patient was very weak. The husband was out of work and sick; two other small children. The man said they had had nothing to eat for many hours and had no money. I gave him an order on the Hospital for a diet ticket and 10 cents car-fare; also 30 cents for necessary relief; he was most grateful. A neighbor who had been helping them told me they were in great distress; that the man could earn but a few cents at a time at shoe mending. Scrub-woman will attend to the patient for a few days until she is stronger. The rent had not been paid and the landlord ordered them out just before the patient was delivered. Have written to the A. I. C. P. On scrub-woman's second visit the patient was too ill to eat and the doctor made her stay and cook oatmeal and insist on the patient eating it, which she did. Second visit, the day before they had been visited by the A. I. C. P. and had relief, $1. Found everything made clean and comfortable by the scrub-woman. The patient was eating and looked happy and grateful. They had 8 pawn-tickets. I saw that the children had no clothes and were in dirty rags, so I brought a cotton dress, 50 cents, for the little girl and a shirt, 25 cents, for the boy. Left 25 cents for soup. The patient said that they had started for Memphis, and the Eighth Street Charities have given money

for the journey, but when they got there they were sent directly back on account of yellow fever.

No. 158 Orchard Street—A young daughter had left service to assist her mother, who had not long been delivered. The rooms were tidy and clean; husband out of work. The young girl, after my drawing her out, told me that they had absolutely nothing to eat, and had not a cent. She had just given the last cent for her mother. There was nothing to cook and nothing to cook with, the gas was finished. I gave her 25 cents for her gas meter and 25 cents for food; also an order on the Hospital for a diet ticket, with 10 cents car-fare. The tears come to her eyes and she was cheered and grateful. She then started out to obtain food. Second visit, daughter pleased to see me, and all seemed going on well. Gave her 40 cents for soup, etc., for her mother, 1 sheet and 1 gown. Wrote to the A. I. C. P.

No. 134 Ridge Street—Patient was very weak, but everything around clean and neat. Husband out of work; two little girls very sick and in rags. A neighbor had given the leg of a chicken for the patient; that and a loaf of bread was all they had. Gave an order for a diet ticket and 10 cents car-fare, for which they seemed grateful. No one to look after patient and scrub-woman will attend to her for a few days. Gave 25 cents for soup and left 1 sheet and 1 gown.

No. 36 Bayard Street—This was a large room and dark, in the basement, and very dirty. The patient, whom I could not see without a lamp, was just like a living skeleton. Said her husband was in prison for six months for receiving stolen goods. She said she had not eaten because she had nothing. A sister was with her, but said she did not live there. In the front, partitioned off, were ready-made shirts, etc., which business she had given up on account of making no money. They said they paid $14 for the room, but could not produce a receipt for the rent; I said I wished to see it next day. The patient had no milk for her baby after three days, and was evidently starving, so I left 30 cents with the sister to get immediately a few necessaries, and the scrub-woman whom I left there will see she has

food. Will write to the A. I. C. P. to look into the case, as I think there is too much mystery.

No. 158 Orchard Street—This is a case that I had already visited and the doctor found that the patient was not getting strong for want of nourishment and requested me to see her again. She had been in bed ten days and complained of weakness. Her daughter was still with her, but said she must return to service the next day or she would starve. They had nothing besides the bread and milk from Broome street. It was really very distressing, and the girl's face was white and haggard. I gave her 40 cents and promised to see that she had assistance. I told her to go to Eighth Street Hebrew Society in Aid of the Poor, who always give when needed. I had written to the A. I. C. P., but the girl said no one had been there. I shall write again.

No. 49 Ludlow Street—It was a long time before I could discover this patient on account of the darkness of the room. She lay on a mattress partially covered with a cloth; the husband busied himself in trying to give a better light on the scene. These people seem most destitute; husband a peddler and patient had no one to help her; a boy of ten years was outside. Doctor had given a diet ticket. The patient said she had been in a hospital until within two months of her confinement. She begged very hard for assistance. Scrub-woman will see to her every day and I will write to the A. I. C. P. I left 25 cents with the man to buy his wife soup meat, intending to call in shortly and see her again, 2 sheets and 1 gown.

No. 22 Chrystie Street—Doctor was with the patient; she had no one to attend to her. Husband, who seemed devoted to his wife and seven children, said he earned very little now, sometimes $5 or $6 a week, at pressing clothes. He was staying at home to take care of his wife and children, and was very grateful for the assistance of scrub-woman, who will attend to her. There were no sheets on her bed. Left 1 sheet, 1 gown and 50 cents for the patient to have extra nourishment. They had diet ticket; patient sews when well enough and earns a small living.

They had a diet ticket and this was all the food they had. I gave them 50 cents, a sheet and a gown and baby clothes. Scrub-woman washed the baby while I was there and will attend to the patient for a few days. The little girl had informed the Society at Eighth street of their condition, and the patient said they expected help. I wrote to the A. I. C. P.

No. 79 Eldridge Street—These people pay $8 rent a month; husband a peddler earning on an average 60 cents a day. The little boy had just taken a diet ticket to Broome street. There are four children. The patient was very glad of assistance. She had no one to help her. Scrub-woman will see to her till she is better. Gave her a sheet and a gown, as she had nothing on her mattress and only a small cover over her; also 50 cents. They seem really in need, but can get along now for a bit.

No. 35 Willett Street—Quite a young girl lying in a wretched dark tenement room; first baby; second wife; two other step-children. Husband had been out of work for six weeks and they were very poor, but not in the least complaining. They had a diet ticket, but not a cent of money. $7 rent a month and owed $18. Had been dispossessed just before wife was delivered. The patient had no one to care for her, and scrub-woman will attend her. I left 50 cents for the patient and sent man to Eighth street for relief.

No. 84 Pitt Street—This was a most terribly ill, emaciated looking patient, and in every way a most distressing case. Three doctors had attended her. A neighbor told me that the patient had been suffering a long time from consumption and that the only comfort for her was to pass away. She was not allowed, even if she could, to give the breast to the baby; the doctor told her the child would die if she did so. The husband was a wretched specimen and seemed half witted, perhaps from trouble. All the other babies had died. The man said he was a tailor, but had had no work since Easter. They paid $7.50 rent, but the two rooms were wretched and dirty. The patient was very grateful and pleased when I promised that the scrub-woman

should attend to her. I gave an order for a diet ticket and 10 cents car-fare to the man and sent him away to get the food, and to the woman 25 cents for soup meat. The neighbor said she would get it and cook it at once, as there was no food whatever for the patient. It was all very distressing and it seems hard that this poor thing should not have comfort for her last days. I will write to the A. I. C. P. Second visit, They had been visited by the A. I. C. P. Patient was better. The baby had to be fed on Swiss milk and I gave scrub-woman 50 cents to buy it.

No. 27 Allen Street—The patient was doing well and everything all around was scrupulously clean and neat. There was no one to wash the baby, etc. The husband, a young man, had diseased lungs, and constantly spat blood, had been sick for five years. He could have entered the "Montifiore Home," but said he could help his wife by taking care of the four children and doing the work at home while she worked outside. The children looked happy, neat and clean, and the man had certainly done all he could. They were most respectable and so very poor. The rent was $8.50 a month and the Society at Eighth street gave them $5 towards it.

No. 94 Sheriff Street—This patient had the most terrible varicose veins all over her legs and could hardly move. She had been delivered ten days and the doctor told her that if she did not lie still he would not attend to her. She was sitting on a couch and I placed her legs upon a chair at once. The family is very poor. The husband is too ill to work, and there are seven children. They pay $10 a month rent and receive $7 from the Society in Eighth street every month. She seemed to be in a great state of suffering and misery. I told her I would send a woman to be with her a few hours every day, so that she might be able to keep her legs up. They had had a diet ticket, but the little girl said she had lost it the day before; I sent her to Broome street in hopes they would still supply her. There was nothing to eat and the children were crowding round their mother looking ill and miserable. I gave the woman $1. Sec-

ond visit, Mrs. Miller had bandaged the legs very well, and the woman was greatly relieved. She did it again during my visit and the swellings had diminished. The extra woman whom I had taken on to help was with the patient for half the day and she was there doing the washing for the whole family. I found out that the husband had been in an asylum for a month—the children all seemed devoid of intellect. I have written to the A. I. C. P. for help.

No. 9 Pitt Street—The patient had been delivered the evening before; she was in a very uncomfortable condition and needed attention. Mrs. Miller washed her baby and made her more comfortable during my visit. The husband is out of work and doing all he could for his wife. I gave him 30 cents for necessaries; he had a diet ticket. Scrub-woman will attend to the patient for a few days.

No. 38 Hamilton Street—Her husband ran away; she sews for a living. Has two brothers with her, aged sixteen and seventeen. No one to attend to her. Gave 50 cents, 1 sheet and a set of baby clothes, 1 gown.

No. 38 Lewis Street—Husband was away looking for work. Gets $9 a week when working, at truck moving. Rent, $6; no other children. The patient lies all day alone, with no one to attend to her. There was no stove, no oil and nothing to cook with. The doctor could not heat the water. The room was bare and it all looked most wretched. Gave 50 cents, 1 set baby clothes, 1 gown, 1 sheet. Second visit, the patient had very bad breasts; sent to Broome street for ointment. She had been dispossessed and will have to move out next week. Will write to the A. I. C. P.

No. 233 Elizabeth Street (rear house)—I had to mount up a sort of ladder into a wretched shanty in the yard. It was a most miserable place and not fit to live in. I found in the back room the patient, an American, tidy and clean, nice bed and quite clean and comfortable. She was very poor, the husband having earned not more than $1 and $1.50 a week all the summer. "The old people," the man's father and mother, helped

them along a bit and the rooms and bed belonged to them. The old mother was taking care of the patient. There were twins on the bed, making a family of six children. They had no diet ticket, but she seemed timid and did not like to show she wanted. I gave her an order for a ticket and 10 cents car-fare. She was thankful and was glad of it. Gave her 25 cents for soup. Will write to the A. I. C. P.

No. 106 Allen Street—Patient had been delivered day before. The husband a very respectful and decent sort of man; had had no work since April 18, and had spent all his savings. He was a tailor and hoped to get work next month. There were seven children and the two small rooms were tidy and clean. A girl of ten years helped to care for her mother, but there was no one to wash the baby, etc. Scrub-woman will do it every day. The doctor had given them a diet ticket. The man said he had nothing or would not take charity. I gave 25 cents for soup meat, 1 sheet; sent him to Eighth street for help.

No. 196 Cherry Street—The room, bed and patient looked dirty and poverty stricken. The patient said her husband drank and brought them to poverty. She worked, when well, at cleaning offices; the man was out of work. The doctor had given a diet ticket; a very respectable kind of woman was with the patient; said she was working out and had come in to see if she could help her, but could not come again after to-day. She had washed the baby the day before. This friend was so thankful for assistance for the patient, and thanked me. There were no sheets, etc. The two children were in rags. I left 2 sheets, 1 gown, 1 set baby clothes and 50 cents.

No. 193 Division Street—Baby four days old. An old woman was looking after the patient. Everything was most dirty and wretched. Husband earns a very little at tailoring. Two children. They came over here from London eight months ago. I gave an order for a diet ticket and 60 cents, 1 sheet and 1 gown and baby clothes. Patient said she was not able to pay woman who was working and she would leave. I said, "Never mind, I'll send you some one to help you." She

at once refused this and said the old woman must stay the week. She was trying to get more money. No need for a scrub-woman to attend.

No. 29 Hester Street—A very tidy little home, and the mother looking after the patient; husband out of work and very anxious about his wife; the first child, and she had had a very difficult delivery. The man was a builder, out of work since April, and they were very poor. Had a diet ticket. Gave 25 cents for soup; very respectable.

No. 120 Delancey Street—The patient was in great distress and crying bitterly. The baby had been born two days. Husband was not working and spent his time looking for work. A lad of sixteen years came in and told me about her and how poor she was. He seemed quite sad about her and said he did his best to help and cheer her. They had been dispossessed. This lad fetched the food from Broome street every day. She had no one to look after her but the lad and his mother, who had to work for seven children. The woman had no clothes for her baby and her other two children, aged nine and three years. These two were tumbling on the floor with dirty little shirts on, which, the mother said, were all they had. I promised to bring her something next visit and did all I could to cheer her. Left 1 sheet, 1 gown, baby clothes and 50 cents.

No. 161 Ridge Street—This patient had been confined seven days and had had no one to attend to her. She had four children and had bathed her baby herself. She complained of so much hard washing to be done. I promised her a scrub-woman, who should wash all her soiled clothes. The scrub-woman will have to spend an afternoon there. The husband out of work and they had received a diet ticket from the doctor.

No. 47 Clinton Street—The husband left six months before to look for work, and the woman kept herself and six children by working a little and help from neighbors. She pays $10.50 for rent and lets one room for $4 a month. She owes three months' rent at present. The neighbor and friend told me the patient had pawned all she had; the friend

had been very kind, but was herself very poor. I gave her 30 cents for herself and asked her to take the ticket to Broome street each day and see that the patient had food. Scrub-woman will attend to her. I left 50 cents, 2 sheets, 1 gown, 1 set baby clothes.

No. 92 Essex Street—These people are poor; husband a cloak-maker, out of work. Three children. Gave her 50 cents, 1 sheet, baby clothes. Scrub-woman will attend to her.

No. 168 Orchard Street—The patient was lying very white and weak on a couch. A respectable American woman next door said she had had a miscarriage, the second. She had had nine children and four were living. Husband out of work. The daughter of fifteen years had been earning $3 a week, but is off at present—hopes to get on again later. They are very poor; had a diet ticket and the girl is attending to her mother. Reported the case to the A. I. C. P., and relief was given in groceries.

No. 80 Henry Street—This was a wretched, filthy, evil-smelling dwelling—the patient lying on dirty rags on a dirty mattress. The smell was so foul that when I left my throat was sore. By the patient's side were twin babies. She had three other children; husband no work. The little girl awoke her mother. She told me of their poverty and that her husband would not allow her to ask for relief from the Society at Eighth street. She went there herself nine months ago, when they were dispossessed, and they had helped her. I gave an order for a diet ticket, 10 cents car-fare, 2 sheets, gown and 3 sets baby clothes. Second visit, scrub-woman had still much to do for this poor patient. The husband is bad and the little girl too small to help her mother much. They said they had to hide from the husband that they received any relief. The neighbors had given her a little chicken. The place is kept very dirty, but scrub-woman works hard every day to get them clean. The sheets I had given were black and the gown, she said, was too hot to wear and she preferred a dirty vest. Third visit,

scrub-woman reported that they were in distress. The girl of ten years was constantly working and had fainted the day before for want of food. The rooms were looking very different and the patient more comfortable, showing scrub-woman had worked very hard. I saw they had nothing to eat; the patient thought I meant a ticket for doctor when I had asked her if she had a diet ticket. I gave the diet ticket and went out with the child and a basket and bought butter, flour, beans, bread, rice, potatoes and soap for 50 cents; gave her 25 cents for soup meat. Child said she could cook; a most distressing case.

No. 36 Hamilton Street—Respectable distress. Everything most clean and tidy; husband can get no work; five children. Baby had been born two days, and some friend had been in to wash baby and the few clothes patient said she had soiled. She could not afford to pay for help. They had no money and only the food neighbors had given. Patient said husband was good, but had been out of work for twelve weeks; was deaf, and found it difficult to get employment. $9 for rent. Patient was more than thankful for 75 cents; also gave her an order for diet ticket and 10 cents car-fare, 1 sheet, 1 gown, promised baby clothes next visit. It was a pleasure to help this woman and I felt sorry for her.

No. 443 East Thirteenth Street—Husband had gone to the war; four children living; sister-in-law was looking after the patient. The patient lay on a little cot in the corner of a wretched small room, with a small window looking on to a wall; no air and no light; for this she pays $2.50 a month. Took it because it was so cheap, being afraid that while husband was gone she would get no money. She had received altogether $11 from the Society who assisted the wives of men gone to the war. She said she had no money left and her sister-in-law promised to go and ask for aid. Gave her $1, 1 sheet, 1 set baby clothes, 1 gown.

No. 622 East Thirteenth Street—Assistance was greatly needed in this case. The patient, emaciated and ill, lay on a wretched bed unable to nurse her baby for want of nourishment.

The husband seemed crazy with worry and said he could not live to watch his six children starve. He had had no work since last January. The doctor had given an order for a diet ticket. There were five little boys around their father, the eldest six years, watching him make some chicory for them to drink; a neighbor had given a few potatoes and a small piece of bread; it was all they had. I gave the man 50 cents, and he at once sent out the eldest boy for a loaf of bread and some butter. The child returned with it before I left, and I saw the hungry little creatures eating. The poor patient seemed patiently resigned to this terrible state of starvation. Left 1 sheet, 2 sets baby clothes, 1 gown. Scrub-woman will attend to her till stronger.

No. 210 Chrystie Street—The family, consisting of husband, wife and two children, occupy one small room. The patient had been confined twenty-four hours and seemed well. She was clean and tidy, but very poor. The man had been out of regular work for four months. The patient told me that it was only at the last moment she heard that she could get free attendance from the Hospital, and she had very much worried, knowing she was unable to pay a doctor. She was a gentle and nicely spoken woman; said there had been nothing in the room to eat for two days, until the doctor gave a diet ticket. The husband had made her gruel and scrub-woman will attend to her until she can get up. I gave her 30 cents and promised her 1 sheet, 1 gown and a set of baby clothes. August 12, gave the promised clothes and 50 cents. The little room was fearfully hot; the man had made a fire and boiled water and soaked the clothes ready for scrub-woman, and said he intended to try and wash them if scrub-woman did not come. Scrub-woman spent an afternoon at their work. The patient seemed happier and more comfortable. They were both very grateful, and the man kind and helpful to his wife. He spends most of his time running around in search of work.

No. 171 Allen Street—Heard of this case through one of the doctors in making my visits, and was sorry that it had been given to me six days after the confinement. On the top floor,

in a very small room, lay a poor girl of only seventeen years, bright and pretty, with a big baby in her arms. She was helpless and unattended to, excepting for a neighbor who had brought her a cup of tea within the last few hours. It was a very common lodging-house. The girl's husband had been out of work for four weeks; the landlady of the house had offered her the work of housekeeper and she was glad to take it for shelter. Until the baby was born she had been scrubbing the house from the top to the bottom. The people in the house were bad, but they had nowhere else to go. No one had been near who would help her, and when the doctor gave the diet ticket she then had, for the first time, a cup of tea and a piece of bread. The neighbor who was showing her a little kindness that morning had just had a miscarriage and was very poor. I gave 50 cents for proper nourishment and the neighbor said she would make her soup at once. I left scrub-woman to wash the baby and make the mother comfortable. Left 1 sheet.

No. 206 Broome Street—Baby had been born two days and friends had bathed it and were looking after mother and child. It was all very squalid and poor. The next-door neighbor, also very poor, had washed for the patient and done what she could. I gave her 25 cents, for which she was grateful. There were four children and the husband out of work. Gave an order for a diet ticket. Scrub-woman will attend daily to the patient, as her poor neighbor friend seemed to have enough to do to look after her own babies. Promised baby clothes. Second visit, August 17, baby clothes given. A. I. C. P. called and gave no relief. They report that the man had applied to the Hebrew Charities, who had supplied all needed food, and they were safely left in their charge.

No. 156 Forsyth Street—A respectable family, but apparently in distress. The two rooms were very clean. Husband at home looking after wife and four children. Three little ones were lying on the floor, ill with whooping-cough—nice children, coughing and sucking their thumbs alternately. Man said they had lived in London seven years, where

he had made a good living, but now he had been out of regular work for months; was a cloak finisher; paid $8 rent. When the baby was born landlord came in for rent, but on seeing the doctor said he would not trouble him as he saw he had enough trouble for the present. He was most grateful when I promised some one to attend to his wife. Scrub-woman will see to her every day. They had a diet ticket. The patient said she had never before been in such trouble. Left 50 cents for nourishment.

No. 108 Orchard Street—A most distressing case; a neighbor showed me the room, a box of a place, only enough room for a bed and stool, with a small window tightly shut; a broken-down bed, no sheets and no pillows. The patient sat on the stool and began to cry when I mentioned the word "hospital"; was afraid I wanted to take her there. I had to reassure her to the contrary; she kept saying, "Oh, I am quite well; yes; quite well." The neighbor, an Englishwoman, Mrs. Simpson, by name, had done what she could and given her what she could spare. The patient said her husband had died six months before and her mind seemed affected. The room was horribly dirty and evil smelling. The doctor had given a diet ticket, but the woman had no one to go to Broome street and didn't seem to care. Mrs. Simpson had given her a cup of tea, but she had nothing to eat. I went out and bought her food for 50 cents—meat, rice, butter, bread, can of milk and soap, and took them to her. Mrs. Simpson promised to cook for her and see she had the food. Mrs. Miller went with me to Broome street and obtained the groceries, which Mrs. Miller took back to the patient. I left her 1 sheet, 1 gown. August 19, second visit, a very wet morning, found the patient sitting on her stool and the rain pouring onto her bed—the bed was drenched through. She sat hugging and talking to her baby. Mrs. Simpson said that soon after the child was born she got up and went into the hall; she prefers to sit on the stool, and all the time fears some one will take her baby away.

No. 123 Pitt Street—Family of six children; husband earning $2 and $3 a week. Gave an order for a diet ticket and 10 cents car-fare; 1 set baby clothes. Patient begged for seltzer water; sent her little boy for one and gave 25 cents for soup. No one to attend to the mother and patient. Scrub-woman will do so for a few days.

No. 30 Kerwick Street—Patient's baby had died at birth. The family had two large dark rooms in the basement; four children. Husband did odd jobs, lately; had stayed at home to see after his wife and four children. Very poor; man said he had not a cent. It was so far away for scrub-woman to go to wash clothes, so I gave 50 cents to the man to enable him to pay some one to do so and 50 cents that he might buy nourishment needful for his wife. They were both surprised and grateful at receiving $1.

No. 434 Pearl Street—The patient had been confined but a few hours on my arrival. A neighbor was with her, but only for gossip. Patient had no one to attend to her; seemed fairly well. Said she had two children, and Broome street doctors had confined her before. Husband had just started to work again, but had had only odd jobs all the winter, and they were very poor. There was an appearance of neglect and wretchedness. Doctor had given diet ticket; for the last delivery she had had a diet ticket. Bought a bottle of seltzer and gave her 25 cents. Scrub-woman will attend to her every day until she can get up. Second visit, fear the patient is lazy and intemperate. Scrub-woman said that the mother and relations are always around her.

No. 80 Carmine Street (basement)—Patient lives with her mother and a friend in one room in the basement. She is very young and very poor. She told me that her husband became discouraged and left her two weeks previously to seek work. Doctor had given diet ticket and the mother goes to Broome street every day. Patient works in a factory when able. She looked thin and ill and cried when I made inquiries into her circumstances; did not like to tell how poor they were. Found

they had no money to buy soap to enable mother to wash clothes. I gave her $1, as the scrub-woman was not needed, and left 1 sheet, 1 gown, 1 set baby clothes. Reported to A. I. C. P., who gave report of having given groceries, but were not favorably impressed with the patient.

No. 36 Hamilton Street—Baby had died soon after birth. Sister-in-law looks after the patient. Two children. Husband had been out of work for two months and just starting again this week. Gave order for diet ticket and 10 cents car-fare. The eldest child, not quite three years old, had been very ill with bronchitis. They seemed very poor and sad. Left 50 cents, 1 sheet and 1 gown.

No. 29 Allen Street—Patient very weak; had no one to bathe baby and attend to her. Six children. Husband working a little as carpenter. Gave order for diet ticket and 10 cents car-fare. Gave housekeeper 25 cents for taking care of the patient before scrub-woman's arrival. 1 gown, 1 sheet, 1 set baby clothes.

No. 31 Pitt Street—Patient lives with her mother. Husband a bad lot. Scrub-woman attends to her and bathes baby. Mother goes out to work. Gave 2 baby suits. Report to A. I. C. P. This case was attended to by Mrs. Miller during my absence. I visited the family, as Mrs. M. told me they were in distress. The A. I. C. P. had given groceries and promised to call again. In the meantime they had nothing. The patient's story was certainly pitiful. Her husband had left her; anyhow he was lazy and no good, and she did not want him to return; that she felt as soon as she was strong she would be able to maintain herself and her three children. It seems he sold her furniture piece by piece, and as soon as it was all gone the man left her. The old mother was busy washing, the room and furniture belonged to the old woman. The young woman said that the diet ticket had been such a help to them and begged me for another. She also begged for a little clothing for the children. They had nothing but the little shirts they stood in. I promised to take her something. Left an order for a diet ticket

and 10 cents car-fare and 50 cents for food. September 22, I bought each child a pair of shoes, $1; knickerbockers for the boy and 2 pairs socks, 45 cents; 8 yards flannelette, 64 cents. These things I took to the patient. She was most thankful and tears stood in the old woman's eyes. She spoke of the cold weather now coming on and how hard it was to keep the little ones from getting sick.

No. 52 Suffolk Street—Sister takes care of patient, but cannot bathe baby. Scrub-woman attends to that. Husband working a little. Gave 1 baby suit.

No. 147 Goerck Street—First baby. Patient requires help; gave order for diet ticket and 10 cents car-fare. Scrub-woman visits every day; bathes baby and washes, etc. Husband working a little. Gave baby suit and 50 cents. Received groceries from A. I. C. P.

No. 147 Goerck Street—No one to attend to the patient, who is very weak. Scrub-woman goes every day. Husband out of work two months. Seven children. Eldest boy earns $3 a week. Gave order for diet ticket and 10 cents car-fare. Doctor gave a note for Hebrew Society asking for assistance. Left 1 sheet, 1 gown, 1 baby suit, 25 cents for soup. Reported to A. I. C. P. No relief given.

No. 49 Ludlow Street—Baby born day previous. Found the husband with bandaged head feeding his wife with tea. Three children. Man is a clothes presser, but for one and a half years has suffered from rheumatism and has been able to work but little. For the last six months had not worked at all. The Hebrew Society gives them $5 a month toward the rent. Patient had no one to attend to her. Scrub-woman will do so daily. She had no sheets nor baby clothes. Gave 1 sheet, 1 gown, set of baby clothes and 25 cents for soup. Doctor had given diet ticket. Report to A. I. C. P. Second visit, found scrub-woman had been given too much to wash; patient imposes upon her. She is not much good, very dirty and is not grateful. They received nothing from the A. I. C. P. visitor. Their report is that they are in the care of the Hebrew Society and

they found the rooms clean. Mrs. Miller had worked hard to make them clean, for they were dirty on my first visit.

No. 118 Orchard Street—This was the first child. Patient had no one to look after her. Baby had been born three days and not bathed. Scrub-woman will bathe baby and wash clothes. The husband, tailor, had been out of employment some time and had not earned more than $2 in a week for the last three months. The man said he had nothing, and a neighbor told me they were in want and had only the bread and milk from diet ticket. I left 50 cents and told the man to get some food and Mrs. Miller would cook it. September 23, Mrs. Miller had much to wash and had not finished. She told me that the patient required food. Gave oatmeal, can of milk and soap for 25 cents, and 50 cents to buy chicken, fuel, etc. Mrs. Miller told me that the man did not want to spend all the money on food and did not bring the chicken that the wife asked for. He was sent out again to fetch it. He brought what was required and Mrs. Miller cooked it. The wife said her husband starved her.

CHARTER OF THE SOCIETY OF THE LYING-IN HOSPITAL.

AN ACT to incorporate the Society of the Lying-in Hospital of the City of New York, passed March 1, 1799, chapter xxiii, Laws of 1799.

WHEREAS, THOMAS PEARSALL, JOHN CHRISTOPHER KUNZE, ROBERT LENOX, CORNELIUS RAY, ARCHIBALD GRACIE, JOHN STARK ROBERTSON, HENRY REMSEN, WILLIAM HOUSTOUN, ANDREW HAMERSLEY, JOHN CHARLTON, DAVID M. CLARKSON, WILLIAM JAUNCEY, J. C. VANDEN HEUVEL and others, influenced by principles of benevolence and charity, associated as an institution, under the style of The Society of the Lying-in Hospital of the City of New York, for the useful purpose of establishing an asylum for the reception of women in a state of pregnancy who are unable to procure the necessary medical assistance and nursing during the period of their confinement in child-bed, by their petition presented to the Legislature, have prayed to be incorporated, the better to enable them to carry into effect the salutary object of their institution; therefore

Be it enacted by the People of the State of New York, represented in Senate and Assembly, that all such persons as now are, or hereafter shall be, members of the said institution, shall be and hereby are ordained, constituted and declared forever a body corporate and politic, in fact and in name, by the name of "The Society of the Lying-in Hospital of the City of New York," and by that name they and their successors shall and may have continual succession, and shall be persons in law, capable of suing and being sued, pleading and being impleaded, answering and being answered unto, defending and being defended, in all courts and places whatsoever, in all manner of actions, suits, complaints, matters and cases whatsoever; and that they and their successors may have a common seal, and may change and alter the same at their pleasure; and also that they and their successors, by the name of "The Society of the Lying-in Hospital of the City of New York," shall be in law capable of purchasing, receiving, holding and conveying any estate, real or personal, for

the use of the said corporation. Provided that the lands, tenements and hereditaments which it shall be lawful for the said corporation to hold shall be only such as shall be requisite for the purpose of erecting a public building, and such houses or other buildings as may be suitable and necessary to the nature of the said institution, or such as shall have been *bona fide* mortgaged to it by way of security, or conveyed to it in satisfaction of debts previously contracted in the course of its business, or purchased at sales on judgment which shall have been obtained for such debts; and with regard to all such lands, tenements and hereditaments so to be held by the said corporation as aforesaid, except such as may be for its immediate accommodation as aforesaid, or such as it may hold by way of mortgage, and whereof the actual possession shall be and remain in the mortgagors, their heirs or assigns, the said corporation shall be bound to sell and dispose of the same respectively within five years after it shall acquire the same, and shall not be capable of holding the same after the expiration of the said five years.

And be it further enacted, that all persons who now are members of the said institution, or shall at any time hereafter subscribe to the same, shall be deemed and taken for members of this corporation, and that the property and concerns of the said corporation shall be managed and conducted by thirteen governors, to be chosen by ballot, by and from the said subscribers; that the following persons (that is to say), Thomas Pearsall, John Christopher Kunze, Robert Lenox, Cornelius Ray, Archibald Gracie, John Stark Robertson, Henry Remsen, William Houstoun, Andrew Hamersley, John Charlton, David M. Clarkson, William Jauncey, J. C. Vanden Heuvel, shall be the present governors of the said corporation, and shall continue in office until the second Wednesday in April, in the year one thousand eight hundred, when a new election shall be made at the hour and place to be appointed by the said governors; that the election for governors after the year one thousand eight hundred shall be held annually on the second Wednesday in April, at such place and hour as the majority of the governors for the time being

shall appoint, of which election public notice shall be given by the said governors for the space of one week, in two of the daily newspapers printed in the said city. That if any vacancy shall happen among the said governors (so elected) by death, resignation or removal, such vacancy shall be filled by a special election for the purpose, to be held in the same manner as the annual elections are made, and at such time and place as shall be provided for by the by-laws of the said corporation, and in case it should happen that an election of governors should not be held on any day when, pursuant to this act it ought to have been made, the corporation shall not for that cause be deemed to be dissolved; but it shall and may be lawful, on any other day, to hold an election of governors in such manner as the by-laws of the said corporation shall prescribe.

And be it further enacted, that the governors shall not take or receive any compensation for their services; and for the time being shall have power to make and prescribe such by-laws, rules and regulations as to them shall appear needful and proper, touching the management and disposition of the stock, property, estate and effects of the said corporation, and touching the duties and conduct of the officers of the said corporation, and touching all all other matters as appertain to the business, ends and purposes for which the said corporation is by this act instituted; and shall also have power to appoint an apothecary, house-pupils, matron, steward, nurses and servants for carrying on the business of the said institution.

Provided, that for the appropriation or disposal of any of the capital stock, a number not less than seven shall constitute a quorum, of which number the president, or, in his absence, the vice-president of the board, to be appointed in virtue of this act, shall be one.

Provided also, that such by-laws, rules and regulations shall not be repugnant to the constitution and laws of the United States, or of this state.

And be it further enacted, that the governors, at their first meeting, and also at their first meeting in every year next after

the said annual election on the second Wednesday in April, shall elect by ballot from their number a president, vice-president, treasurer and a secretary, and that the officers thus elected shall immediately enter upon their respective offices, and hold the same until the next election of governors, and it shall be the duty of the president or vice-president to preside at all meetings of the governors.

And be it further enacted, that the governors shall propose at one meeting and elect by ballot at the next a number of physicians, not exceeding four, to attend the said hospital, and to render all necessary medical aid to the persons admitted to the benefit of this institution, and that the said physicians remain in office until the next election for governors, after which time they are to be annually elected.

And be it further enacted, that this act shall be and hereby is declared a public act, and shall be construed in all courts and places benignly and favorably for every beneficial purpose herein intended.

AN ACT to amend chapter twenty-three of the Laws of seventeen hundred and ninety-nine, entitled "An Act to incorporate the Society of the Lying-in Hospital of the City of New York," relative to subscriptions, the election of subscribers as members, and the election of physicians and surgeons, chapter 468, Laws of 1897.

Became a law May 17, 1897, with the approval of the Governor; passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SEC. 1. Section two of chapter twenty-three of the laws of seventeen hundred and ninety-nine is hereby amended so as to read as follows:

SEC. 2. And be it further enacted, that all persons who now are members of the said institution, or shall at any time hereafter subscribe to the same, shall be deemed and taken as mem-

bers of this corporation, provided such subscription is received by the society, and such subscribers are elected members of the said society by the board of governors thereof, in such manner as shall be provided by the by-laws of the said society; and that the property and concerns of the said corporation shall be managed and conducted by thirteen governors to be chosen by ballot by a majority of the governors from the said subscribers.

SEC. 2. Section five of said act is hereby amended so as to read as follows:

SEC. 5. And be it further enacted, that the governors of the said society, or a majority of them, shall, immediately after the annual meeting of the society in each year, elect by ballot such and so many physicians and surgeons as they shall judge necessary to attend the said hospital, and to render all necessary medical aid to the persons admitted to the benefit of this institution; and in case of a vacancy or vacancies, to elect other physicians or surgeons in their places.

SEC. 3. This act shall take effect immediately.

GOVERNORS AND OFFICERS

OF THE

SOCIETY OF THE LYING-IN HOSPITAL

From its Organization, 1799.

GOVERNORS.

Elected.		Retired.
1799	Robert Lenox	1835
1799	Cornelius Ray	1824
1799	Archibald Gracie	1824
1799	Henry Remsen	1835
1799	John Thompson	1799
1799	John Stark Robertson	1800
1799	Robert Bowne	1799
1799	Matthew Clarkson	1822
1799	Thomas Pearsall	1807
1799	Rev. John Christopher Kunze	1807
1799	William Houstoun	1811
1799	Andrew Hamersley	Dead
1799	William Bayard	"
1799	John Charlton	"
1799	David M. Clarkson	1814
1799	William Jauncey	Dead
1799	J. C. Vanden Heuvel	"
1802	Frederick De Peyster	1829
18—	Dr. George Anthon	1821
18—	Dr. David Hosack	1835
18—	Andrew Morris	1816
18—	Rev. Abraham Beach, D.D.	1813

Elected.		Retired.
18—	Charles L. Cammann	1806
18—	Jacob Le Roy	1807
1808	Thomas C. Pearsall	1813
1808	De Witt Clinton	1816
1813	Peter P. Goelet	1824
1813	Charles Wilkes	1832
1813	Peter Augustus Jay	1822
1813	Jacob Sherred	Dead
1821	John Hone	1832
1821	Lynde Catlin	1832
1821	Charles McEvers	1835
1821	Abijah Hammond	1822
1822	Nathaniel Prime	1835
1822	John Watts	1830
1829	William Bard	1837
1829	James Pendleton, M.D.	1832
1829	Philip Hone	1847
1831	Elisha Tibbits	1835
1831	John S. Crary	1835
1831	Dennis McCarthy	1835
1834	George Jones	1835
1834	Robert Ray	1879
1834	Lewis C. Hamersley	1835
1834	Isaac S. Hone	1835
1845	Benjamin F. Butler	1858
1845	William F. Mott	1866
1845	Alexander E. Hosack, M.D.	1869
1845	Thomas W. Ludlow	1847
1845	Joseph B. Collins	1867
1845	Theodore Sedgwick	1855
1845	James G. King	1847
1845	Robert B. Minturn, Sr.	1866
1845	William Birdsall	1855
1845	Joshua S. Underhill	1857
1845	John Jay	1846

Elected.		Retired.
1846	George Wilkes	1847
1854	George T. Trimble	1872
1854	Apollos R. Wetmore	1881
1854	Thomas B. Stillman	1866
1854	Benjamin R. Winthrop	1879
1854	Stewart Brown	1880
1861	Jacob Harsen	1862
1861	Benjamin D. Silliman	1890
1861	John C. Green	1875
1863	Andrew Warner	1892
1866	James Lenox	1880
1866	William H. Aspinwall	1869
1866	Robert B. Minturn	1880
1868	Robert Lenox Kennedy	1887
1868	Joseph W. Patterson	1881
1869	Egerton Leigh Winthrop	
1873	Legrand B. Cannon	1874
1874	Albert M. Patterson	1892
1879	George G. Williams	
1880	Frederic Bronson	
1880	Charles E. Tracy	1896
1880	Robert Lenox Belknap	1896
1880	John A. Weekes	1894
1881	William A. Duer	
1882	Robert Ray Hamilton	1890
1888	Henry V. R. Kennedy	1891
1890	Frederic W. Stevens	1892
1890	Edmund L. Baylies	
1891	William T. Lawrence	1892
1892	Egerton L. Winthrop, Jr.	
1892	Frederic Delano Weekes	
1893	Henry A. C. Taylor	
1893	George B. McClellan	1895
1894	Francis S. Bangs	
1895	Edward W. Lambert, M.D.	

Elected.		Retired.
1895	Thomas Newbold	
1896	William Greenough	1898
1897	W. Pierson Hamilton	
1898	Trenor L. Park	

Presidents.

Elected.		Retired.
1799	Thomas Pearsall	1807
1808	Cornelius Ray	1826
1829	Robert Lenox	1835
1845	William Bard	1854
1854	Benjamin F. Butler	1858
1861	George T. Trimble	1872
1872	Robert Ray	1879
1880	Apollos R. Wetmore	1881
1881	Benjamin D. Silliman	1890
1891	Egerton L. Winthrop	1892
1892	John A. Weekes	1894
1894	William A. Duer	

Vice-Presidents.

Elected.		Retired.
1799	Rev. John Christopher Kunze	1807
1808	Samuel Osgood	1812
1813	Dr. George Anton	1821
1821	Robert Lenox	1829
1829	Henry Remsen	1831
1854	Theodore Sedgwick	1855
1861	Robert B. Minturn, Sr.	1866
1866	Robert Ray	1872
1872	James Lenox	1879
1879	Apollos R. Wetmore	1880
1880	Benjamin D. Silliman	1881
1881	Robert Lenox Kennedy	1887
1887	Egerton L. Winthrop	1891

Elected.		Retired.
1891	John A. Weekes	1892
1892	William A. Duer	1894
1894	George G. Williams	

Treasurers.

Elected.		Retired.
1802	Frederick De Peyster	1829
1829	Charles Wilkes	1833
1833	William Bard	1845
1845	Joseph B. Collins	1862
1862	Benjamin R. Winthrop	1872
1872	Joseph W. Patterson	1881
1882	Andrew Warner	1892
1892	Robert L. Belknap	1896
1896	Francis S. Bangs	1897
1897	Frederic Bronson	

Secretaries.

Elected.		Retired.
1799	William Houstoun	1811
1813	Peter Augustus Jay	1822
1822	Lynde Catlin	1829
1829	William Bard	1833
1833	John S. Crary	1845
1845	Alexander E. Hosack, M.D.	1854
1854	Joshua S. Underhill	1857
1858	Benjamin R. Winthrop	1863
1863	Andrew Warner	1892
1892	Robert L. Belknap	1893
1893	F. Delano Weekes	

Physicians.

Elected.		Retired.
1799	David Hosack	1822
1799	John R. B. Rodgers	1809
1799	William Moore	1822

Elected.		Retired.
1799	Wright Post	1822
1805	Andrew Hamersley	1813
1805	Samuel L. Mitchell	1807
1808	Edward Miller	1811
1813	Richard S. Kissam	Dead
1823	John W. Francis	"
1829	James Pendleton	"
1829	Alexander E. Hosack	1845
1829	George Wilkes	1845
1832	Fayette Cooper	Dead
1892	James W. Markoe	
1892	Samuel W. Lambert	
1892	H. McM. Painter	
1892	J. Clifton Edgar	
1892	Austin Flint, Jr.	

MEMBERS OF THE SOCIETY,

With the Dates of their Election.

A.

Name.	When Elected.
James W. Alexander	1893
John Jacob Astor	1894
William Waldorf Astor	1894

B.

Frederic Bronson	1880
Waldron Phœnix Belknap	1881
Edmund L. Baylies	1890
James William Beekman	1892
William Allen Butler, Jr.	1892
Francis S. Bangs	1892
Robert Lenox Banks	1893
Robert Bacon	1896
Samuel P. Blagden	1897
Christopher M. Bell, M.D.	1898

C.

Legrand B. Cannon	1873
Romulus R. Colgate	1896

D.

Henry Dudley	1873
William A. Duer	1880
Francis O. de Luze	1892
John H. Davis	1896

F.

Name.	When Elected.
George W. Folsom	1873
George R. Fearing	1892
Amos T. French	1898

G.

James King Gracie	1879
William Greenough	1880

H.

Hamilton L. Hoppin	1896
W. Pierson Hamilton	1897
Clarence M. Hyde	1898

I.

Adrian Iselin, Jr.	1893

K.

H. Van Rensselaer Kennedy	1888
Frederick Gore King	1879
Frank B. Keech	1896
S. Nicholson Kane	1897

L.

Lewis Cass Ledyard	1892
Edward W. Lambert, M.D.	1895
James B. Ludlow	1898
Charles Lanier	1898

M.

George B. McClellan	1893
Charles H. Marshall	1873
J. Pierpont Morgan	1894
Alexander Maitland	1877
William Bard McVickar	1887
D. O. Mills	1898

N.

Name.	When Elected.
Adam Norrie	1873
Gordon Norrie	1877
Thomas Newbold	1893
John McL. Nash	1892

O.

Oswald Ottendorfer	1894

P.

Trenor L. Park	1896

R.

James R. Roosevelt	1892

S.

Benjamin D. Silliman	1861
Frederic W. Stevens	1890
Philip J. Sands	1892
W. Watts Sherman	1892
F. Augustus Schermerhorn	1894
Jacob H. Schiff	1895

T.

Henry A. C. Taylor	1892

V.

Cornelius Vanderbilt	1894
William K. Vanderbilt	1898

W.

Name.	When Elected.
Egerton L. Winthrop	1869
Andrew Warner	1863
George G. Williams	1874
John A. Weekes	1880
Egerton L. Winthrop, Jr.	1887
Frederick Bronson Winthrop	1887
F. Delano Weekes	1888
Miss Grace Wilkes	1894
George Peabody Wetmore	1892
Mrs. Anna Woerishoffer	1894
Robert Dudley Winthrop	1895

DECEASED MEMBERS OF THE SOCIETY,

With the Dates of their Election.

A.

Name.	When Elected.
Dr. George Anthon	1821
William H. Aspinwall	1866
Edgar S. Auchincloss	1880
Alexander McL. Agnew	1878

B.

Robert Bowne	1799
William Bayard	1799
Rev. Abraham Beach, D.D.	
William Bard	1829
Benjamin F. Butler	1845
William Birdsall	1845
Stewart Brown	1854
Robert Lenox Belknap	1880
Robert Lenox Belknap, Jr.	1881
William H. Brown	1866

C.

Matthew Clarkson	1799
John Charlton	1799
David M. Clarkson	1799
Charles M. Cammann	
De Witt Clinton	1808
Lynde Catlin	1821
N. W. Stuyvesant Catlin	1879
John S. Crary	1831
Joseph B. Collins	1845
J. Winthrop Chanler	1877
H. Le Grand Cannon	1893

D.

Name.	When Elected.
Frederick De Peyster	1802

G.

Archibald Gracie	1799
Peter P. Goelet	1813
John C. Green	1861
George Griswold	1866

H.

William Houstoun	1799
Andrew Hamersley	1799
David Hosack M.D.	
John Hone	1821
Abijah Hammond	1821
Philip Hone	1829
Lewis C. Hammersley	1834
Isaac S. Hone	1834
Alexander E. Hosack, M.D.	1845
Jacob Harsen	1861
Robert Ray Hamilton	1882

J.

William Jauncey	1799
Peter Augustus Jay	1813
George Jones	1834
John Jay	1845

K.

Rev. John Christopher Kunze	1799
James G. King	1845
Robert Lenox Kennedy	1868
A. Gracie King	1879

L.

Name.	When Elected.
Robert Lenox	1799
Thomas W. Ludlow	1845
James Lenox	1866
Jacob Leroy	
William T. Lawrence	1891
James G. K. Lawrence	1892
P. Van Zandt Lane	1888

M.

Andrew Morris	
Charles McEvers	1821
Dennis McCarthy	1831
William F. Mott	1845
Robert B. Minturn	1845
Robert B. Minturn, Jr.	1866
John W. Minturn	1866
George Henry Moore	1873
Dr. William S. Mayo	1877
George E. Moore, M.D.	1878

N.

William H. Neilson	1866

P.

Thomas Pearsall	1799
Thomas C. Pearsall	1808
Nathaniel Prime	1822
James Pendleton, M.D.	1829
Joseph W. Patterson	1868
Albert M. Patterson	1874

R.

Cornelius Ray	1799
Henry Remsen	1799
John Stark Robertson	1799
Robert Ray	1834

S.

Name	When Elected.
Jacob Sherred	1813
Theodore Sedgwick	1845
Thomas B. Stillman	1854
Oliver S. Strong	1866

T.

John Thompson	1799
Elisha Tibbitts	1835
George T. Trimble	1854
Charles E. Tracy	1880

U.

Joshua S. Underhill	1845

V.

J. C. Vanden Heuvel	1799

W.

Charles Wilkes	1813
John Watts	1822
George Wilkes	1846
Benjamin R. Winthrop	1851
Apollos R. Wetmore	1854



STUDENTS' DORMITORY.



SURGEONS' ROOM.



STERILIZING ROOM.



OPERATING ROOM.



WARD D.



STUDENTS' HISTORY ROOM.



LIBRARY AND MEDICAL BOARD ROOM.



STAFF DINING ROOM.



PATIENTS' BATH ROOM.



NURSES' LABORATORY.



PATHOLOGICAL DEPARTMENT.



VIEW OF PRESENT HOSPITAL FROM SOUTHEAST.



EXAMINING ROOMS.



MAIN OFFICE.



SUB-STATION No. 314 BROOME STREET.

The beneficial object of the Society of the Lying-in Hospital is the relief and care, free of charge, of destitute women unable to procure necessary medical assistance and nursing during the period of their confinement.

Five thousand Dollars endows a bed in perpetuity.

Three Thousand Dollars endows a bed during one life.

Two Hundred and Fifty Dollars endows a bed during one year.

FORM OF BEQUEST.

I give and bequeath to the SOCIETY OF THE LYING-IN HOSPITAL OF THE CITY OF NEW YORK, incorporated by the Legislature of the State of New York in the year 1799, the sum of ..... Dollars, to be applied to the use and benefit of the said Society under the direction of the Governors thereof.